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ABSTRACT

This manual offers information on developing, implementing, and maintaining college alcohol and other drug programs at New York institutions of higher education. The document notes that alcohol is the drug of choice for college students and that therefore alcohol-related issues and programs are the primary focus of the manual. Part 1 of the manual offers new information on national statistics, women and alcohol, culturally diverse students and alcohol, and alcohol marketing. It also deals with the causes and prevention of alcohol problems, the public health model approach to prevention, and the limitations of the "responsible drinking" philosophy. Part 2 discusses the various components of model campus alcohol and other drug prevention programs including details on campus task forces, needs assessment, campus policy issues, prevention strategies, early intervention and discipline, publicity, and evaluation. The manual also includes appendixes on prevention program funding, Employee Assistance programs, a needs assessment instrument, a student alcohol and drug knowledge test, confrontation guidelines, a documentation form, federal editorial guidelines, selected alcohol facts, and New York State alcohol-related laws. (Contains 78 references.) (JB)

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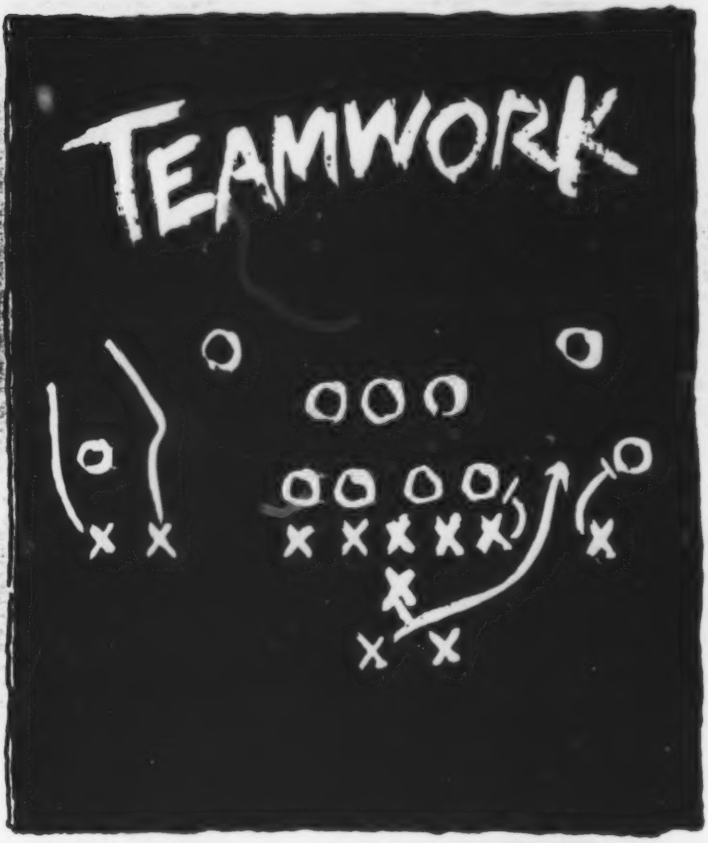

FOR HEALTHY CAMPUSES

NYS College Alcohol and Other Drug Programs

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Mario M. Cuomo
Governor

New York State Office of Alcoholism &
Substance Abuse Services

Marguerite T. Saunders
Commissioner

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Major objectives of the project are to:

- increase access to the information on programs, policies, and curricula developed by Network member institutions;
- encourage the use of the ERIC system by Network member institutions;
- improve the Network's ability to know about, and share information on activities at member institutions; and
- test a model for collaboration with ERIC that other national agencies might adopt.

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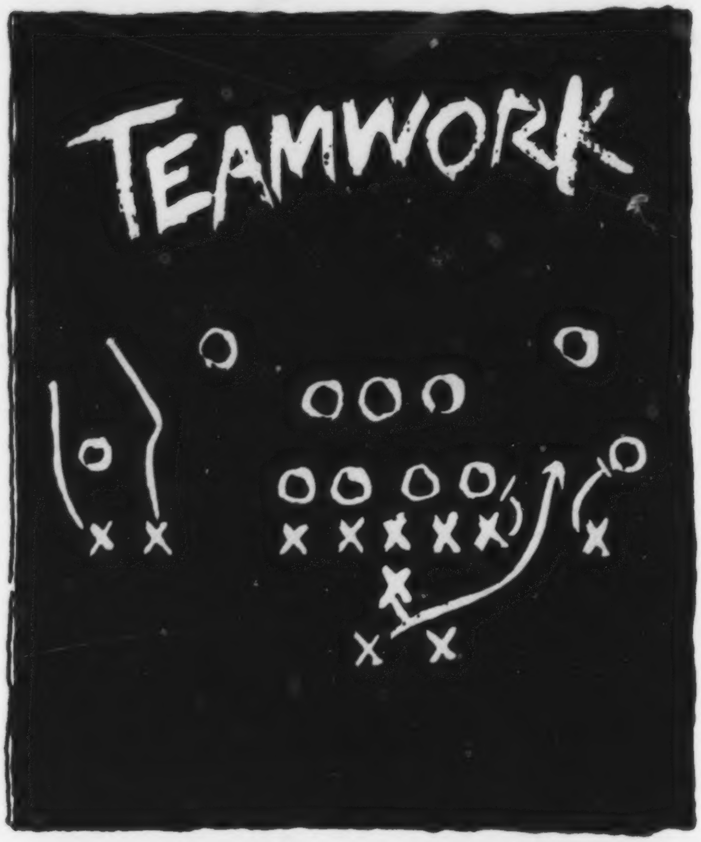

FOR HEALTHY CAMPUSES

NYS College Alcohol and Other Drug Programs

Mario M. Cuomo
Governor

New York State Office of Alcoholism &
Substance Abuse Services

Marguerite T. Saunders
Commissioner

Teamwork For Healthy Campuses
NYS College Alcohol and Other Drug Programs

April 1993

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TABLE OF CONTENTS

Introduction 1

PART ONE - A Framework for Planning Campus Alcohol and Other Drug Programs

Chapter I ▪ Alcohol And College Students 5

Chapter II ▪ Alcohol Problems: Causes And Prevention 7
Influence of Alcohol Use on Other Areas of Health 8
The Public Health Model 9

Chapter III ▪ Prevention Strategies 13
High-Risk Groups 14
High-Risk Situations 15
Low-Risk Guidelines 15

Chapter IV ▪ COAs And COSAs 17
Genetics and Alcoholism 18
COAs and COSAs on Campus 19

Chapter V ▪ Women On Campus 21

Chapter VI ▪ The Culturally Diverse Campus 25

Chapter VII ▪ Alcohol Marketing And The College Campus 29

PART TWO - The Campus Alcohol and Other Drug Prevention Program

Chapter VIII ▪ The Campus Task Force 33

Chapter IX ▪ The Needs Assessment Survey 35

Chapter X ▪ Goals, Objectives, And The Process Evaluation 39

Chapter XI ■ Campus Alcohol And Other Drug Policy 43
Relevant Laws 43
Developing and Implementing Policy 44
Sample Policy Statements 46
Sample Regulations 47

Chapter XII ■ Campus Prevention Programming 49
The Language of Prevention 49
Prevention Strategies That Work 51

Chapter XIII ■ Early Intervention And Disciplinary Procedures 55
Sequential Intervention Process 57
Confrontation 58
Initiating an Effective Intervention Program 59
Disciplinary Boards 59
Referral Policy 60

Chapter XIV ■ Program Publicity 61

Chapter XV ■ Program Evaluation 63
Evaluation Matrix 64

References 65

Additional Sources Of Information 71

Appendices 75
Appendix 1 ■ Finding Prevention Programming $$$ 75
Appendix 2 ■ Employee Assistance Programs 77
Appendix 3 ■ Needs Assessment Survey 79
Appendix 4 ■ Pre-Post Alcohol And Other Drug Knowledge Test 83
Appendix 5 ■ Alcohol-Related Laws 85
Appendix 6A ■ Confrontation Guidelines 91
Appendix 6B ■ Documentation Form 93
Appendix 7 (A-I) ■ University of Maryland Alcohol Education Program 95
Appendix 8 ■ Editorial Guidelines 107
Appendix 9 ■ Alcohol Facts: College Students 109

INTRODUCTION

The world in which we live is constantly changing. New buildings are being raised, and older structures are being torn down. Around the world, whole governments are being challenged by the emergence of newly created democratic countries. On a national level, our country's forty-second president was recently elected after a campaign that repeatedly sounded the phrase, "It's time for a change." Some of these changes have taken place seemingly overnight, while others continue to evolve.

The alcohol and other drug abuse field has gone through significant changes. On October 1, 1992, the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) was reorganized into a new health services agency called the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Public Health Service of the US Department of Health and Human Services. Its mission is to reduce the incidence and prevalence of substance abuse and mental disorders, improve treatment outcomes for persons suffering from these disorders, and diminish consequences for their families and communities. As mandated by the ADAMHA Reorganization Act of 1992, SAMHSA will administer prevention and treatment services through three Centers--the Center for Substance Abuse Prevention (CSAP), the Center for Substance Abuse Treatment (CSAT), and the Center for Mental Health Services (CMHS).

New York State also has seen its share of change. On June 24, 1992, one day after Governor Mario M. Cuomo signed his Program Bill consolidating the previous Division of Alcoholism and Alcohol Abuse (DAAA) and the Division of Substance Abuse Services (DSAS), Marguerite T. Saunders took office as the first Commissioner of the new Office of Alcoholism and Substance Abuse Services (OASAS), the largest such alcohol/drug agency in the nation. In her confirmation hearing before the Senate Committee on Alcoholism and Drug Abuse, Commissioner Saunders said, "The number one purpose in consolidation is to improve the delivery of services. It is my hope that OASAS will become one of the most responsive, most efficient, most committed state agencies with whom you will interact."

Some needed changes come much more slowly, such as alcohol- and other drug-related problems on our college campuses. Here are just a few incidents listed in CSAP's *Put On The Brakes Bulletin*, issued in April 1992.(1)

- November, 1991: A University of Florida student died of alcohol overdose after consuming 23 shots of liquor in a one-hour span at a drinking contest, vomiting and passing out.

- October, 1991: A UC Berkeley student was raped after leaving a bar located on the southside of campus.

- August, 1991: A 20-year-old University of Virginia student drowned in a reservoir where she had been drinking with friends.

These examples are not isolated events. Similar tragedies are occurring on a frighteningly frequent level across the nation. On the other hand, there is evidence of attempts to change the norm of college alcohol abuse.(2)

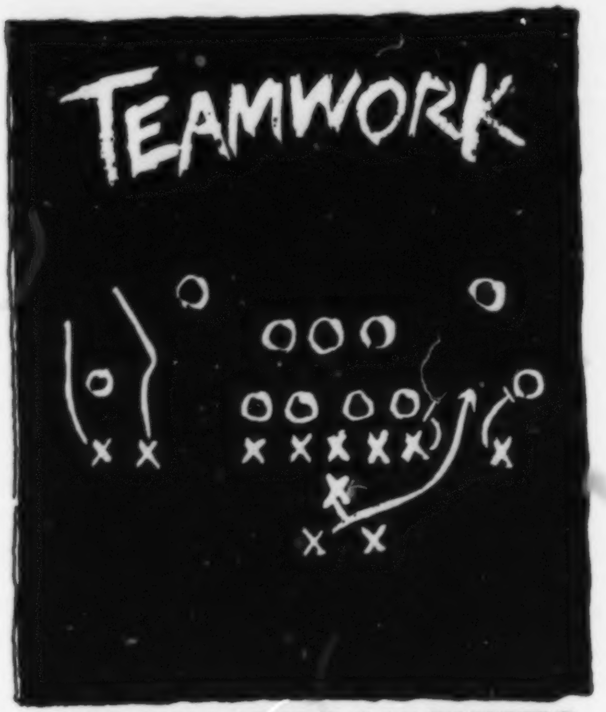
- October, 1991: At Duke University, Purgatory, a nonalcoholic club, has been established to encourage dancing in a nonalcoholic party environment.
- September, 1991: Slippery Rock University has instituted an alcohol ban at the football stadium and adjoining parking lots.
- Aug. - Oct. 1991: The establishment of substance-free housing continues to expand. Among those with substance-free housing are Gettysburg College, University of Rochester, Colorado State University, and LeMoyne College.

As part of the OASAS' decade-long commitment to addressing the issues of collegiate substance abuse, we issue this updated edition of our college manual, *Teamwork For Healthy Campuses*. In revising the manual, a conscious effort was made to keep the focus on alcohol, which remains the drug of choice on college campuses. Donna Shalala, former President of Hunter College and Chancellor of the University of Wisconsin, and current Secretary of the US Department of Health and Human Services, has stated that she feels the number one problem on college campuses is alcohol. This could hold new potential to spotlight the various academic, social, and health-related problems linked to collegiate alcohol and other drug use.

Part One of the manual offers new information on national statistics, women and alcohol, the culturally diverse student population, and alcohol marketing. Other chapters deal with the causes and prevention of alcohol problems, the public health model approach to prevention, and the limitations of the "responsible drinking" philosophy.

Part Two discusses the various components of a model campus alcohol and other drug prevention program. You will find details related to needs assessment, prevention strategies, early intervention, publicity, and evaluation. The manual also includes various appendices on prevention program funding, Employee Assistance Programs, federal editorial guidelines, and New York State alcohol-related laws.

Finally, use the information provided in this document as it applies to your campus. All colleges and universities have specific needs; therefore, you may find that some of the material is not applicable, or that the entire book is useful. Therein lies the strength of *Teamwork For Healthy Campuses*; in whole or in part, there is something in it for everyone.



FOR HEALTHY CAMPUSES

PART ONE

A Framework for Planning Campus Alcohol and Other Drug Programs

Chapter I ▪ ALCOHOL AND COLLEGE STUDENTS

Alcohol is the drug most used by college students. Look at some of the national and statewide facts:

- Four percent, or nearly one-half million, of all college students drink every day.(1)
- College students spend $5.5 billion annually on all alcoholic beverages, exceeding the operating costs for running all college and university libraries, scholarship, and fellowship programs ($3.3 billion).(1)
- Eighty-two percent of New York State's undergraduates are current drinkers, indicating that they consumed at least some alcohol in the past year. Eighteen percent are categorized as "heavy" drinkers, meaning that they average over two drinks a day.(2)
- Seventy-seven percent of New York City's college students are drinkers compared to 88 percent of Upstate college students. In New York City, 15 percent of the students are heavy drinkers, while 22 percent of Upstate students are classified as heavy drinkers.(2)
- New York State students living in dorms or their own apartments have over twice the rate of heavy drinking of those who live at home (23% vs. 11%).(2)
- During the past ten years, heavy drinking has dropped by 9.2 percent for high school seniors, by 9.9 percent for noncollege 19- to 22-year-olds, but by only 2.6 percent among college students.(3)

While illegal drug use among young adults has continued to decline in recent years, alcohol use rates have not only remained stable, but much higher than other drugs. In 1975, 68 percent of America's high school seniors had used alcohol in the past month; in 1990, 57 percent had. By 1990, recent cocaine use was under two percent after peaking in 1985, while marijuana use dropped from 27 to 14 percent.(3)

As in the general population, undergraduate males are more likely to drink and in greater quantities than their female peers. However, the differences between male and female drinking patterns are not as great among college students as among males and females in the general population.

New York State research has documented that college men have slightly lower rates of heavy drinking than do their noncollege peers (22% vs. 25%), but college women have twice the rate of heavy drinking of their noncollege peers (17% vs. 8%).(4)

Colleges and universities can pay a high economic and social price for alcohol problems that result in academic failure; vandalism and residence hall damage; hazing; fights, assaults, and other crimes; and strained community relations. Each year there are reports of intoxicated students dying from alcohol poisoning or falling from windows and hotel balconies. Of all New York State students, one-third of males and approximately one-fifth of females have had at least one alcohol-related problem in the past year. Forty percent of New York State students report at least one sign of alcohol dependence in the past year, primarily blackouts and gulping drinks. A quarter of all the students report having three or more signs of alcohol dependence.(5)

Alcohol plays a significant role in crime on college campuses. According to a recent national survey, alcohol contributes to 70 percent of violent behavior on campus.(6) A survey by Towson State University in Maryland documents the relationship of alcohol to student violence, crime, and vandalism. Forty-six percent of the students who reported committing crimes said they had been using alcohol at the time. Approximately the same percentage of students who had reported being the victim of a crime also reported that they had been using alcohol or other drugs.(7)

The alarming incidence of sex crimes on campus has received national attention. Studies have indicated that 50 percent to as much as 90 percent of acquaintance rapes involve alcohol or other drugs. Usually, intoxication is a factor involving both the perpetrator and the victim of these rapes.

Another area of concern for college students about alcohol is the effect it has on social interactions, including personal relationships and sex. Students, in particular, often consume alcohol in dating situations when the likelihood of sexual interaction is high. Since alcohol depresses the central nervous system, it lowers inhibitions and clouds judgment. Under the influence of alcohol or other drugs, people can make sexual decisions that are unwise and unsafe, risking disease and unwanted pregnancy. Today, sex also can be fatal, if impulsiveness and substance use prompt people to ignore protecting themselves from possible exposure to the HIV virus. Students may be well aware of the consequences of unsafe sex; however, that knowledge may be rendered useless because their judgment is impaired after using alcohol or other drugs.

The alcohol connection to these academic, social, and health-related problems presents colleges with many challenges and opportunities. College alcohol prevention and early intervention programs need to focus on general, as well as targeted, education and awareness efforts about the role of alcohol in problems faced by the campus community. Linking alcohol use to these problems can help the college community understand the importance of and need for a campus-wide commitment to alcohol and other drug prevention programs and networking with local resources and services.

Chapter II ■ ALCOHOL PROBLEMS: CAUSES AND PREVENTION

What causes some people to have problems with alcohol? That question has been at the center of arguments for many years. Often overlooked in traditional discussions, especially by those not familiar with the subject, is the fact that alcohol is an addictive substance.

For a long time, people thought of alcoholism as a "bad habit" caused by some personal weakness or lack of willpower, but in the 1950s, the American Medical Association and the World Health Organization recognized alcoholism as a disease.

Like other diseases, alcoholism has definite signs and symptoms: loss of control, memory blackouts, increased tolerance, and ultimately physical dependency and withdrawal. The disease of alcoholism produces specific physical changes in the body. The liver, stomach, pancreas, and brain are some of the organs that can be severely affected by alcoholism.

Alcoholism is a chronic, progressive disease, just like cancer and diabetes. It is progressive because it follows an identifiable course and left untreated, it will eventually result in serious physical and mental disability or death. Like other chronic diseases, the symptoms of alcoholism may appear to "go away" with treatment, but the disease is still present in a controlled form. In other words, the disease is in remission as long as the alcoholic person doesn't use alcohol.

The disease of alcoholism develops as a result of the way the amount of alcohol we use interacts with our own particular body chemistry. Depending on the way our own body interacts with alcohol, it may take a lot of alcohol to "trigger" alcoholism, or it may take very little. Each person, because of heredity and biology, appears to be born with a certain level of risk for developing this disease.(1)

For some people the risk is higher than for others. Research since the 1950s has made it increasingly clear that the genes people inherit can contribute to the development of alcoholism. In the past few years, studies have shown that approximately one-half of all alcoholic people have inherited a genetic predisposition - or susceptibility - to the disease. Studies of twins and adoptees have shown that children who have a biological parent who is alcoholic are four times more likely to develop alcoholism than the children of nonalcoholics. For sons of alcoholic fathers, the risk is even higher.

This research has led to a new understanding of alcoholism as a complex disease. Most people develop the disease not from one thing, but as a result of the interaction of several elements, including exposure to alcohol, family history of alcoholism, and cultural and environmental factors. While inherited susceptibility appears to be the most powerful variable in the development of alcoholism, it is still necessary for the susceptible person to use alcohol in sufficient quantities and for a long enough period of time to initiate the process of addiction.

Some people appear to develop dependency by using abnormal quantities of alcohol, perhaps to cope with unusual stress or in response to psychological problems. It is also true that many people who become dependent begin with drinking patterns that are either encouraged or tolerated by their social environment; in some cases this social tolerance continues even after alcohol dependence has become evident. This information has enormous implications for colleges. On many campuses, and among many student groups, heavy and unsafe use of alcohol has been an accepted, if not encouraged, norm. College students also continue to be the focus of extraordinary alcohol advertising and promotion efforts designed to encourage alcohol use.

It appears that social and cultural factors have the most influence on a person's use of alcohol. These social and cultural factors are, in fact, exploited to influence alcohol use patterns, primarily to promote sales of alcohol. Similarly, public education strategies can be targeted to discourage alcohol use in specific high-risk groups and situations, just as advertising now targets certain groups to encourage product use.

Influence of Alcohol Use on Other Areas of Health

Some studies have indicated an association between low levels of alcohol use and good health. Studies of this type have shown better general health in those who use alcohol in small quantities over those who abstain. However, it is not clear that these studies consider the varied reasons why people abstain, such as histories of parental alcoholism and other unknown variables that later may be found pertinent. The subject of "safe" levels of alcohol use must be addressed because it has an impact on messages for the general public regarding the desirability and safety of any alcohol use.

For several reasons, two drinks per day appears to represent the point over which daily alcohol use is unsafe for most persons. Some fetal alcohol effects, such as low birth weight, have been associated with consumption levels as low as an average of two drinks per day. None of the studies associating positive health effects with alcohol consumption found benefits over the average levels of two drinks per day. In fact, two drinks per day is the level below which most alcohol users fall. The Surgeon General has recommended that men who choose to use alcohol should not have more than two drinks a day, and women should not exceed one drink per day.

While it often seems that "everyone drinks," the fact is that 34 percent of American adults don't use alcohol. In New York State, 26 percent of the population currently does not use alcohol.(2,3) Some of these people are recovering from the disease of alcoholism; some don't drink as a matter of religious conviction. Many people don't drink because they don't enjoy the taste of alcoholic beverages, while others don't use alcohol because they don't like the way they feel when they drink.

Fifty-six percent of adult Americans are classified as "nonproblem" drinkers, meaning that they drink less than two drinks a day. New York State has a slightly higher rate of nonproblem drinkers at 60 percent.(2,3) This group of people must be alert to the fact that anyone can drink too much, and that there are certain times when and groups for which any drinking is unsafe.

Among American adults, ten percent experience serious problems with alcohol abuse and dependence. In New York, just 15 percent of adults use 74 percent of all the alcohol sold. In fact, seven percent of the entire adult population consumes over four drinks a day, accounting for over 50 percent of all the alcohol consumed in the state. Members of this group of alcohol users are at the greatest risk for developing alcohol-related problems and diseases of all types.(2,3)

Alcohol is the **gateway drug** for New York State's young people. Unless alcohol is used first, there is very little use of any other drug, including cigarettes and over-the-counter drugs. New York State youth, regardless of age, gender, and race, follow a definite pattern of progression from alcohol to marijuana to other illicit drug use.(4) Additionally, illicit drug users maintain a pattern of heavy drinking. For example, among young people who have used illicit drugs, 80 percent are heavy drinkers.(5)

Another critical point is that early drinkers tend to be heavy drinkers for life. In contrast, those who begin drinking after age 21 have very low rates of heavy drinking.(6)

Related to the gateway concept is the recognition that alcohol also is a **norm-setting drug**. This is due to the relative societal approval and acceptance of drug use in the form of alcohol consumption as compared to illicit drug use. This is of particular concern for youth below the legal possession age for whom alcohol use is often treated as a "rite of passage" or as somehow "preferable" to illicit drug use. Condoning alcohol use creates mixed messages for young people who will likely be faced with a similar choice about the use of other drugs. As long as use of alcohol is portrayed as less harmful than, or preferable to, illicit drug use, society is condoning the use of a drug.

Several studies have been conducted in New York State on how norm misperceptions influence student alcohol and other drug use. College students have definite perceptions about the alcohol-related behaviors and attitudes of other students, which, in turn, influence their own pattern of use. Yet these beliefs about the substance use of their friends are frequently incorrect. While over two-thirds of students on most campuses believe that their peers hold relatively permissive attitudes toward alcohol or other drug use, the majority of students are often modest in their own attitudes and behaviors concerning alcohol and other drugs. In other words, most students think that their peers are using more alcohol and other drugs than they really are.(7)

The Public Health Model

The public health model provides a comprehensive and consistent framework for analyzing alcohol problems and developing prevention strategies. It is superior to other approaches that look at various alcohol problems in isolation from one another or fail to recognize their essential nature as health problems.

A public health approach analyzes alcohol use and abuse in the same context used for other diseases: host, agent, and environment. The **host** is the person, along with individual biological and psychological susceptibilities to alcohol problems and personal knowledge and attitudes about alcohol that influence drinking patterns and behavior. The **agent** is the alcohol, its content, characteristics, distribution, and availability. The **environment** is the setting or context in which drinking occurs and the community norms that shape drinking practices.

Researchers such as Jenner, Reed, etc. have long recognized the relationship between host, agent, and environment in acute illnesses. Successful eradication of many infectious diseases has been based on interrupting the relationship among the three. For example, the polio vaccine successfully interrupted the relationship between the polio virus and host. This concept also can be applied to chronic disease prevention, even though the relationship between agent, host, and environment is more complex and multifaceted than the infectious disease model.

Prevention involves those activities designed to interrupt the relationship between host, agent, and environment. Although high-risk factors have been identified, it is difficult to know with certainty who will develop alcoholism. Therefore, it is important to identify the presence of chronic illness, including alcoholism, as close to the point of its onset as possible.

All three elements of the public health model are interactive and interdependent. Consequently, in approaching the prevention of alcohol problems, the most effective strategies will be those that deal with all three elements of the model.

Both the agent and host have characteristics that are fixed and others that are malleable. For example, the chemical structure and properties of alcohol are fixed, including its sedative, addictive, and toxic properties that have a potential health impact. On the other hand, the form in which alcohol is available to the user may be changed. Similarly, a person, or host, cannot change inherited susceptibility to the addictive properties of alcohol, but can alter individual use patterns.

All environmental factors related to alcohol problems can be changed. Cultural norms obviously are harder to change than fleeting advertising messages or educational curricula, but all are subject to intentional change. Of all factors that significantly contribute to the incidence of alcohol problems, environmental factors are the most easily and effectively changed by public policy or action.

The environmental public policy approach simply seeks to create an environment that promotes the lowest possible level of alcohol-related problems. Many legal and social policies have demonstrated their effectiveness in changing the environment in which alcohol problems occur. These actions have included raising the purchase age, increasing the price of alcohol, and requiring warning labels and posters.

Within the public health context, prevention consists of those actions taken to prevent illness/disease and destructive behaviors. Prevention efforts promote optimum environments and individual strengths that contribute to lifelong health and well-being. Thus, prevention recognizes that stages of high environmental and personal risk, as well as individual vulnerability, call for proactive measures. The public health approach views prevention as possible at three different stages.

Prevention includes those actions designed to promote health and to preclude the onset of alcohol- and other drug-related problems. Such activities are directed to the general population, as well as specific target groups, and include skill building, education, and public policy initiatives.

Early Intervention services identify individuals or groups who are beginning to exhibit problems with their own or a significant other's use of alcohol or other drugs, and motivate them to seek help. These services are designed to detect problems in their early stages and to arrest their progress. These efforts prevent full development of a problem to the point at which treatment will be more difficult and costly.

Treatment is the process directed at the physical, emotional, and social rehabilitation of individuals affected by the disease of alcoholism. For the victims of a health problem which is not prevented or stopped at an early stage, treatment is needed to arrest the natural progress of the illness and to prevent further deterioration. When the progress of the illness is arrested, rehabilitation services may prevent or minimize permanent disability or dependence.

Though incurable and potentially deadly, it is important to remember that alcoholism is also among the most treatable of all chronic diseases. Modern alcoholism treatment methods have proven highly effective, and offer real hope of recovery to most alcoholic persons.

Most alcoholism treatment professionals believe that recovery depends on several major elements: accepting that one has the disease of alcoholism; completely avoiding alcohol and other mind-altering drugs; following a lifestyle that incorporates physical, emotional, and spiritual health; and participating in a program of recovery that promotes and supports these principles. Many people find all of these elements in Alcoholics Anonymous (AA) and need no formal professional treatment. Others will require professional treatment on either an inpatient or outpatient basis, usually in addition to AA.

Historically, no disease ever has been "beaten" just by treating its victims. Many experts now describe prevention as a crucial element in any long-range solution to the problems of alcohol abuse and dependence. Indeed, prevention **has** proven to be a cost-effective and lifesaving approach to other health-related problems.

What makes for effective prevention programming? The American Psychological Association's Task Force on Promotion, Prevention, and Intervention Alternatives has outlined a number of features that effective programs share.(8)

- They are targeted.
- They are designed to effect long-term change.
- They strengthen the natural support systems of family, school, workplace, and community.
- They can document their success in meeting stated goals and objectives.

From a public health perspective, college campuses can serve as unique and important environments to reach youth to promote health and prevent disease. However, while there has been considerable innovation in the development of model school-based health programs for youth in elementary and secondary schools, there has been less attention directed to health programs for college and university students.(9)

Healthy People 2000: National Health Promotion and Disease Prevention Objectives, adopted by the US Department of Health and Human Services in 1990, includes the goal of increasing to at least 50 percent the proportion of postsecondary institutions with health promotion programs for faculty, students, and staff. A 1991 survey of over 3,000 colleges and universities found that only 20 percent had such health promotion programs for students.(10)

In New York State, preliminary findings from an OASAS survey of colleges and universities show that of the 60 percent of schools who have responded, 78 percent have established an alcohol or other drug prevention program on their campus. This figure offers strong evidence of New York State's leadership in college alcohol and other drug prevention programming.

Obviously, a college's special resources and needs will shape its response to dealing with alcohol problems. But whether located in urban, suburban, or rural communities, effective prevention and early intervention programs will share common elements. They should be designed to specify a setting and target population. Target populations may be based on age, gender, ethnicity, or host-related factors, such as pregnancy. An understanding of the risks and problems faced by a target group should provide the focus for prevention efforts.

Though targeted, effective prevention efforts must coordinate resources and services, and should elicit the support of individuals, educational institutions, businesses and organizations, and government agencies at every level. Prevention programs should be aimed at eliciting long-term change in behavior. They are designed to change the life course of their participants, opening opportunities, changing life circumstances, or providing support.

Chapters XII and XIII of this manual discuss campus-based prevention and early intervention programming in detail.

Chapter III ▪ PREVENTION STRATEGIES

For decades the only prevention strategy used was that of scare tactics. Religious doctrine taught people that excessive alcohol use would lead to condemnation. To achieve proper spiritual lives, people had to abstain from or control their use of alcoholic beverages and illicit drugs.

A second scare tactic took a biological approach. Many school health classes devoted hours to describing the physiological consequences of abusive drinking on the liver, heart, and brain. Graphic films depicted the horrible effects of drugs such as alcohol, tobacco, and marijuana on our bodies. This approach still holds appeal today.

Finally, another scare tactic used accounts of drinking and driving crashes, the increased homeless population, domestic violence, school dropouts, and other situations where use of alcohol and other drugs caused social problems. This approach is still used in many public service announcements about alcohol- and other drug-related problems.

These tactics sought to deter the public from abusive drinking. The problem was that this prevention method did not result in statistically significant reductions in the use or abuse of alcohol.

When first introduced the concept of "responsible drinking" came as a relief to the alcohol beverage industry, which welcomed an approach that did not preclude alcohol use. Responsible drinking also seemed a more plausible prevention approach to those in colleges and the alcoholism field who were seeing firsthand the limitations of scare tactics.

The foundation of the responsible drinking ideology is: "most people who drink don't develop alcohol problems." Responsible drinking embodies the theory that if you use alcohol in a "responsible" manner and follow a suggested set of guidelines, chances are you will never develop a drinking problem. Some guidelines include know your "limits," avoid driving while intoxicated, recognize another's right to drink or abstain, and respect the law.

On the surface, the strategy of responsible drinking may appear to represent a straightforward approach to alcohol education. Some people have argued that instead of issuing a blanket denunciation of alcohol and other drug use, educators and government officials should be content with trying to get students to use them responsibly and in moderation. This strategy is flawed, however; because of the addictive nature of alcohol and other drugs the only responsible use is "no-use." By leading young people to think otherwise, the responsible use approach may have actually encouraged many young people to experiment with alcohol.(1)

Currently there are several alcohol prevention/education programs working under the responsible drinking ideology; however, the approach has not led to documented reductions in widespread alcohol use or alcohol problems on college campuses. The approach also is embodied in advertising slogans such as "know when to say when" and "think when you drink." A close examination of the principles of responsible drinking and the messages of these prevention programs reveals several limitations.

While responsible drinking programs recognize that youth under the legal possession age are faced with choices about alcohol use, the strategy automatically presumes that the "normal" choice will be use. For example, when advertisers advise the public "know when to say when," the expectation is that individuals will drink. The message that nonuse is the choice strongly preferred by society for young people is often overlooked, as is the fact that laws must be broken for young people to use alcohol except under parental supervision. Educational campaigns will be ineffective in campus environments that encourage drinking and deny or ignore the risks associated with drinking.(2) Therefore, instead of saying "think when you drink," why not say "*Think. You Don't Have To Drink.*"

The strategy also implies that responsible use is a way to prevent alcohol problems. The word "responsible" itself suggests that some "irresponsibility" is at the root of alcohol problems, something we know is inaccurate. In fact, nonuse is the only certain way to prevent alcohol problems.

Some responsible drinking programs do not discourage alcohol use in any quantity or level except prior to driving an automobile, implying that driving while intoxicated (DWI) is the sole alcohol problem facing society. These messages fail to consider alcohol's connection to a wide range of health and social problems including addiction, accidental deaths and injuries, domestic violence, homicides, and suicides.

While many prevention professionals now view this approach as a subtle form of alcohol promotion, it is clear that responsible drinking messages are at the least mixed and potentially misleading. Consequently, many responsible drinking educational efforts may have a neutral, if not negative, impact on preventing alcohol problems.

The prevention strategy that goes beyond the limitations of responsible drinking is that of "healthy lifestyle choices." Healthy lifestyle choices allow individuals to help reduce their risk of developing alcohol problems by learning about individual risk factors. Individual risk is determined by identifying whether you belong to a high-risk group, if you are drinking during a high-risk situation, or evaluating the quantity and frequency of your drinking. Let's take each of these steps separately.

High-Risk Groups

Certain individuals, because of special medical problems or unusual sensitivity to alcohol, may be unable to drink alcohol safely. Diabetics, heart patients, and persons with diseases of the digestive and nervous systems should consult their physicians about drinking. People with a family history of alcoholism are four times more likely to become alcoholic themselves.

Others fall into the high-risk category only temporarily, such as young people under 21 and pregnant women. Children and adolescents differ from adults in terms of body size and the liver's ability to handle alcohol. It takes less alcohol for a young person to become intoxicated. As new drinkers, their tolerance will be low.

Throughout pregnancy the use of alcohol poses a serious risk to the developing fetus. Low birth weight, spontaneous abortion, mental retardation, hearing defects, and physical abnormalities are among the various fetal alcohol effects. Because it is impossible to precisely estimate how much alcohol will damage a developing fetus, the safest course is to not use any alcohol during pregnancy. Other high-risk people should consider a similar approach and avoid alcohol.

High-Risk Situations

Most people recognize the danger in combining alcohol with driving, but how about doing homework? or playing sports? or studying for finals?

There are many high-risk situations where any drinking is unsafe. Many aspects of daily life, particularly work and recreational activities, require alertness and coordination. Boating, hunting, climbing stairs, working with machinery, hiking, participating in sports, swimming, and similar activities can be dangerous when mixed with alcohol.

Other risky situations involve times when your condition is already impaired by some other cause, such as depression or emotional stress. Drinking in these circumstances makes things worse, never better. Combining alcohol and medications, such as tranquilizers, sedatives, and antihistamines, is also risky. The depressant effects of alcohol and these drugs can combine to produce a dangerous state of central nervous system depression.

Knowing how much to drink and how often is extremely important to prevent alcohol-related problems. Individuals who belong to a high-risk group for developing alcohol problems, and/or are participating in any high-risk activity, should not drink alcohol at all. For people who are not in either high-risk category, there are a few suggested low-risk guidelines to follow that reduce their chances of developing alcohol-related problems.

Low-Risk Guidelines

- *Do not exceed two drinks a day.* For low-risk people in low-risk situations who drink daily, a limit of two drinks a day for men and one drink a day for women seems safe. This is zero to two drinks a day, not 14 drinks "saved up" for a one-night binge.

- *No more than three drinks per occasion.* If you are not a daily drinker and you watch out for individual factors, up to three drinks on an occasion is a safe limit, drinking no more than one drink per hour in a low-risk situation.

- *Adjust for individual factors.* Age, weight, gender, stomach content, mood, use of oral contraceptives and other drugs, menstruation, and recent illness or tiredness all affect your body's reaction to alcohol and should be considered in one's choice to use alcohol.

Like heart disease and cancer, alcoholism has been called a "lifestyle-related health problem." In other words, people can make choices about the way they live and what they do that increase or decrease their chances of developing that disease. Once people become aware of the risks, they can take steps to avoid developing the disease. People at high risk for heart disease can cut down on high-cholesterol foods, exercise, quit smoking, and avoid stress. These are all "low-risk" choices that reduce the chances of developing heart problems. In the same way, people can make low-risk choices about using alcohol that reduce their risk of developing alcoholism.(3)

Basically, if you know you belong to a high-risk group or are going to be in a high-risk situation, the best advice is not to drink. We sometimes forget that not drinking is an option. It's your choice. If you don't want to drink, for whatever reason, simply say "no thanks" and expect others to respect your decision.

Chapter IV ■ COAs AND COSAs

The terms "children of alcoholic parents"(COAs) and "children of substance abusers" (COSAs) are used in the broad sense to refer to any person, adult or child, who has a parent identified in any way as having a significant problem related to alcohol or other drug use. This includes parents identified as having a problem by their children, a physician, or a human service agency, as well as those who are self-identified. A "professional" diagnosis of alcoholism or other drug abuse is not necessary.

One out of every eight Americans is the child of a parent who has or had a drinking problem. Over 28 million Americans share this status. This breaks down to about 7 million people under the age of 18, and 22 million over that age. Research has documented that about one out of every ten young people in New York State is the child of a substance abuser.(1) It is also expected that births to cocaine-using women in New York City have more than doubled since this research was conducted.

Alcoholism or other drug addiction has a devastating impact on each individual family member and on the family system as a whole. In any family, the life of each member is joined with and affected by all the others, and may be seriously disturbed by the illness of another family member. This is not just the case with alcoholism or other drug abuse; it happens with any major illness. If a parent or child is dying of cancer, for example, it is easy to see how an entire family is affected by and has to deal with the disease.

Because of the stigma attached to alcoholism or other drug abuse, families often find themselves living in a virtual state of isolation. Family members may feel ashamed or embarrassed by the substance-abusing person's behavior; guilty about not doing enough or even causing the substance abuse; and often responsible for trying to get the substance-abusing member to stop drinking or using other drugs. Sometimes family members will make excuses for the substance abuse. Frequently, families deny that there is any problem at all.

COAs and COSAs are prone to a wide range of problems, including anxiety, depression, eating disorders, learning disabilities, and a variety of stress-related medical problems. COAs also run a special risk for developing alcoholism themselves, a risk four times higher than that of the general public.

Children who reside with their substance-abusing parents must often deal on a daily basis with family disruption, broken promises, and parental inconsistency. They also must contend with the fear, silence, and shame that surrounds the "family secret." Some of these children are physically abused, others are neglected, while still others are the victims of sexual abuse.

Often these children are responsible for taking care of themselves, their brothers and sisters, or perhaps their substance-abusing parent. Many of these children feel they are to blame for their parent's substance abuse, believing that if they were somehow "better," the substance abuse would stop.

As children growing up in a substance-abusing home, COAs and COSAs develop a variety of coping mechanisms to relieve the unpleasantness and tension in the family environment. Some do poorly in school, have few friends, and frequently get into trouble. Others are overachievers and very mature for their age. Regardless of the coping mechanism, these behaviors almost invariably become rigid roles that affect all aspects of the children's lives and can plague them into adulthood.

As adults, many develop alcoholism or other drug abuse themselves. Some become physically or mentally ill, even suicidal. It also is important to note that daughters of alcoholic parents are more likely to marry alcoholic men, thereby projecting similar problems onto new generations.

Genetics and Alcoholism

Ever since researchers began studying alcoholism, their findings have shown a higher rate of alcoholism among people who had relatives with alcohol dependence. A 1979 review of 39 alcoholism studies conducted since the 1930s showed that alcoholic people were more likely than others to have an alcoholic father, mother, brother, sister, grandparent, or more distant relative. At one time this was attributed to learned behavior, a poor family environment, or even poverty.

Researchers have used a variety of methods to separate the effects of heredity and environment by comparing the rates of alcoholism among twins, half-siblings, and adoptees. Study after study has supported the theory that genetics does play a significant role in determining who develops the disease of alcoholism.

Perhaps the most ideal investigations for understanding how genetics and environment contribute to developing the disease of alcoholism involve children who were adopted at an early age. These studies have shown that adopted children whose biological parents are nonalcoholic have the same low rates of alcoholism regardless of whether or not their adoptive parents are alcoholic. Children who have a biological parent who is alcoholic are four times more likely to develop alcoholism than the children of nonalcoholics, even when they are raised by nonalcoholic adoptive parents. For the sons of alcoholic fathers the rates are even higher.

In Sweden, studies of men and women adopted before the age of three years enabled researchers to identify two types of genetic predisposition to alcoholism. The first type occurs in both men and women, and requires both the genetic predisposition and an environment that encourages the development of the disease. The second, more severe type is found only in men and, although less widespread, it seems to be unaffected by the environment. In families with this type of susceptibility, alcohol problems were *nine times* greater in sons whose biological fathers were alcoholic, even when the adoptive family environment did not encourage alcohol abuse.(2)

Studies of twins and adoptees provide strong evidence that alcoholism has a genetic basis. But we need to know more. Scientists are investigating the specific physical characteristics - or "markers" - people may inherit that would indicate their susceptibility. This knowledge could provide the basis for early identification of those people most at risk to developing the disease.

As one approach to this search, scientists are examining genetic variations in the enzymes that metabolize - or process - alcohol in the liver. Some researchers believe that people can inherit a certain set of enzymes that negatively affect their body's ability to handle alcohol and increase their susceptibility to alcoholism.

Other studies are investigating the action of alcohol on the brain. These studies suggest that some people inherit a special sensitivity to alcohol, and may become alcoholic because alcohol is abnormally stimulating or "rewarding" to them.

These and other interesting ideas remain inconclusive and continue to be the object of further research. By and large, these studies have been conducted on white males. Further research must consider other populations, such as women and minority groups. At this time there are no proven biological markers for determining who will or will not develop alcoholism. However, given that hereditary factors play a role in certain forms of alcoholism, it is not unduly optimistic to predict that accurate biological markers for some types of alcoholism and alcohol-related problems will become available in the future.(3)

Until precise markers are found, the strongest indicator of genetic risk is when the same sex parent is alcoholic. In other words, sons of alcoholic fathers and daughters of alcoholic mothers should consider themselves at particularly high risk for alcoholism.

COAs and COSAs on Campus

Most current prevention programs for COAs and COSAs have stressed education about alcohol and other drugs; understanding of the dynamics of substance abuse in the family; exploring roles in the substance-abusing family; teaching children to identify and accept their emotions; discussing practical survival skills in families where there is physical danger; and clarifying personal and societal values concerning drinking or using other drugs.

COAs and COSAs attending college are not immune to the consequences of being part of a substance-abusing family. College students creating new lives for themselves away from their substance-abusing families may be full of conflicts about their success. The positive self-image they derive from these new experiences during separation from the substance-abusing environment may be threatened by feelings of guilt and irresponsibility. These students may worry about the substance abuser and feel they should be taking care of their parent, not enjoying a new life with less responsibility.

Some students may avoid vacations at home to maintain a physical and emotional distance. Those who do go home may find their roles filled by other siblings. They also may feel left out of the system that maintains the family during active alcoholism or other drug abuse.

Young adults who must live at home for economic reasons may have a difficult time making a transition from their home reality to school. They are still considered part of the family and the expectations of their survival roles are likely to persist as long as parental alcoholism or other drug abuse remains active.(4)

Organizing campus support groups such as Al-Anon or Nar-Anon can provide an essential support system for students who are COAs or COSAs. These organizations are for families and friends of alcoholics or other substance abusers. Members learn to accept alcoholism or other drug abuse as an illness, lessen family tension, and encourage the alcoholic or other substance abuser to seek help in overcoming the problem. Al-Anon and Nar-Anon are excellent sources of information on the physical and emotional problems often experienced by COAs and COSAs. Some Al-Anon chapters even have special groups for adult children of alcoholics, which are also accessible to adult children of substance abusers.

Some useful strategies in helping COAs and COSAs can be found in Chapter XII. It is vital that the campus community become educated about and sensitive to the needs of COAs and COSAs as a group of students at high risk for alcohol or other drug abuse, or other adjustment problems. No comprehensive and truly effective campus alcohol and other drug program can ignore them.

Chapter V ■ WOMEN ON CAMPUS

Among New York's college women age 23 and younger, the rate of heavy drinking (consuming more than two drinks a day) is double that of their noncollege peers--17 percent versus eight percent.(1) Experts estimate that there may be as many as 5.7 million women in this country who abuse alcohol, and countless others who show patterns that may lead to excessive drinking. The NYS OASAS estimates that approximately one-third of problem drinkers in New York are women.

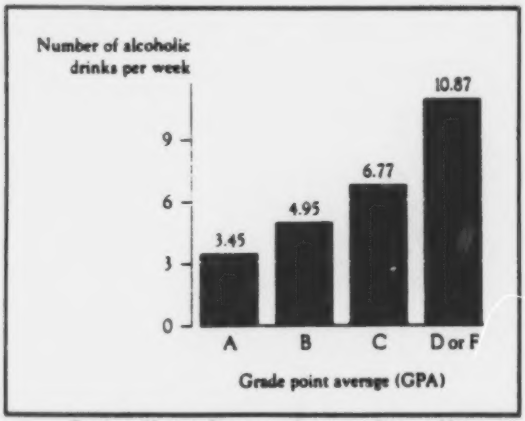
But it has only been in the last few years that researchers have begun to report on and understand about women with alcohol problems. This is a concern for women because studies at universities and hospitals around the country, are showing that women are more sensitized to alcohol than men, become addicted sooner, develop alcohol-related problems more quickly, and die younger than men with similar drinking patterns.(2) Women also are more likely than males to compound their problem by abusing other drugs as well, but women are seriously underrepresented in chemical dependency programs.

The more powerful social stigma attached to the women who drink or abuse other drugs encourages denial, and most programs address the "typical," or male, abuser. Women who drink heavily are generally, though falsely, viewed as being sexually promiscuous; those who are mothers are assumed to be neglectful; and those who are wives are viewed an embarrassment. In short, women who have alcohol problems are often considered to be social misfits, for they have failed to meet the standards society sets for women or to fulfill satisfactorily their social roles.

The emotional, behavioral, and clinical consequences of social stigma for women are varied, but include feelings of shame and guilt, low self-esteem, depression, and increased risk of suicide. In addition, the heavy burden of stigma supports the woman's denial that she has a problem; if she recognizes and admits to an alcohol problem, she must then deal with the common societal view of her and the feelings this view engenders.

A woman's family also may reinforce this denial, for they, too, may feel embarrassed and ashamed by her alcoholism. For some the stigma alone results in denial; others may support the denial because they feel somehow responsible for the woman's alcoholism and do not want to acknowledge it. Even a woman who recognizes her alcoholism and need for treatment may find that family members continue to deny the existence of any problem and frequently argue against her entering treatment. Additionally, the lack of discrete services, ineffective outreach and intervention, and the lack of child care options keep many women from entering treatment.(3)

Women can become intoxicated after drinking similar quantities of alcohol than are needed to produce intoxication in men. First, women have more body fat and less muscle tissue than men of comparable size. Therefore, women achieve higher concentrations of alcohol in their blood than men after drinking equivalent amounts of alcohol.(4) Secondly, women produce less of the enzyme alcohol dehydrogenase, which is responsible for breaking down alcohol as it passes through the stomach. Since women have about half as much of it as their male counterparts, more alcohol reaches their bloodstream and eventually their brain.(5)



Student Health Program, Southern Illinois University

A recent national study of over 56,000 college students reported that 42 percent of college undergraduates engaged in heavy drinking during the previous two weeks. The report also documents the effect that alcohol use has on student grade point average (GPA). Students who reported "D" and "F" GPAs consumed an average of 11 drinks a week, while students who earned "A"s averaged only three drinks a week.(6) College students in this sample who used alcohol in greater quantities also scored high on other problems associated with alcohol consumption on campus, such as driving while intoxicated, trouble with school administrators, etc., all of which can have lasting effects on one's desirability as an employee or candidate for graduate school.

The same study also helped to document the relationship of GPAs by gender to alcohol use.(7) As evidenced by the chart below, alcohol consumption by a female college student may impair her academic performance at a quicker rate and at a lesser quantity than for males. This may affect her options for employment and graduate school. Continued habitual or heavy use of alcohol also may slow down or limit a woman's career potential in later life because of ill health or the consequences of periodic intoxication.

	Average # of drinks per week	
GPA	MALES	FEMALES
A	5.35	2.25
B	7.40	3.35
C	9.19	4.13
D-F	14.56	5.18

Core Institute, Center for Alcohol and Other Drug Studies

The alarming incidence of acquaintance rape documented on campuses across the country frequently involves the use of alcohol or other drugs by both men and women. In fact, researchers have found that alcohol use at the time of attack was one of the four strongest predictors of the likelihood of a college woman's being raped. Most studies have focused on alcohol use, although use of marijuana and cocaine prior to rape has also been reported.(8)

There are a number of potential explanations for the relationship between acquaintance rape and alcohol use. Explanations focusing on alcohol consumption by male perpetrators include: expectancies about the effects of alcohol, misperception of women's sexual intent, and the use of alcohol to justify behavior. Explanations that focus on alcohol consumption by female victims include: poor sending and receiving of friendly and sexual cues, diminished coping responses, stereotypes about drinking women, and enhanced sense of responsibility.(9)

The tradition of female reluctance and male persistence can make it easy for a man to ignore the woman's "no" and force sex on her. The man and the woman seldom view what took place as rape; however, if sex occurred without verbal consent or force was used to obtain sex against the woman's will, then what happened is legally defined as rape. College men and women need to know that alcohol or other drug use is *not* a legal or moral justification for rape.(10)

More specific information is needed about the role alcohol plays in acquaintance rape. For example, are women who have been drinking more frequent targets of date rape? How often do men use alcohol to justify planned sexual assaults, or to excuse their making unwanted sexual advances? Does alcohol consumption lead women to take risks that they would not take when sober?

Drinking has other health consequences for both women and men. Alcohol inhibits the body's ability to use vitamins and calcium. Thus, its habitual use can result in dull hair and skin, aggravated acne, and dandruff. A daily glass of wine can add up to 10 pounds a year. Heavy drinking also can lead to anemia, malnutrition, and low resistance to disease. Research cited in the *New England Journal of Medicine* in May 1987 also suggests that even three drinks a week can increase the risk of breast cancer.

The habitual or heavy use of alcohol affects a woman's reproductive health, too. Women who suffer from PMS often medicate themselves by drinking. Because alcohol is a depressant drug, it actually worsens the depression they feel, rather than alleviates it.

Throughout pregnancy, the use of alcohol poses a serious risk to the developing fetus. Low birth weight, spontaneous abortion, mental retardation, hearing defects, and physical abnormalities are among the variety of fetal alcohol effects. Fetal Alcohol Syndrome (FAS) is now recognized as the leading known cause of mental retardation in the Western World and the only one that is totally preventable. The worldwide incidence of FAS is 1.9 per 1,000 live births. It is estimated that FAS adds almost $100 to the cost of every birth in the United States.(11)

College alcohol program planners can obtain information about programs for women in their area from a county Task Force on Women, local alcoholism service provider, or Junior League. Private agencies, such as Family Services and Mental Health Clinics, often have trained and experienced counselors available to make referrals to appropriate service agencies.

According to a recent national survey, African-American youth drink less than white, Latino, and Native American youth, and they are more likely to not use alcohol.(1) Contrary to popular belief, they also have lower levels of other drug use.(2)

Percent Reporting Alcohol Use in the Past Month by Age Group and Demographic Characteristics

	Age Group (years)	
Demographic Characteristics	12-17	18-25
Total	24.5	63.3
Sex		
Male	25.3	73.7
Female	23.7	53.3
Race/Ethnicity		
White	28.0	65.8
Black	15.4	58.9
Hispanic	19.3	57.2

NIDA National Household Survey on Drug Abuse, 1990

A current New York State school survey reinforces the fact that the overall drinking rate for white students is higher than for blacks or Latinos.(3) The survey also notes that the rate of drinking is higher in the upstate and suburban regions of New York State than in New York City (64% and 61% vs. 56%).

On the other hand, it appears that the alcohol use rate of Latino youth is similar to that of white youth. It also appears that those Latino youth who do choose to drink, drink larger quantities as they grow older, subsequently causing more drinking problems.(4)

This last statement also holds true for the black community. While black youth may drink less, alcohol problem rates increase sharply for blacks and alcohol problem rates remain higher for blacks than for whites throughout middle and old age.(5)

As social scientists have pointed out, culture has a significant impact on human behavior. Culture also influences the use of alcohol and other drugs.

- Among Latinos, machismo is culturally expected conduct for men, and for many this includes drinking large amounts of alcohol.(6)
- Latino culture expects that females will drink very lightly, or will not use alcohol at all.(7)
- Blacks, especially males, are at high risk for acute and chronic alcohol-related illnesses. In some areas, blacks have up to ten times the rates of liver cirrhosis than whites.(8)
- The average life expectancy for blacks is six years less than it is for whites. Illness and injuries that are alcohol-related, plus poor health care facilities, contribute to mortality rates.(9)
- Recent mortality rates for chronic liver diseases and cirrhosis were 29.2 deaths per 100,000 for Native Americans as opposed to a general rate of only 9.2 for the United States.(10)

It is also important to note that minorities are an increasingly popular target audience for the alcoholic beverage industry. Some radio stations targeted to blacks have 350 percent more alcohol commercials than other stations. Black magazines show a range from 27 to 50 percent more alcoholic beverage ads.(11)

Malt liquor, which contains up to 40 percent more alcohol than regular beer, is marketed primarily to blacks and Latinos. African Americans consume one-third of all malt liquor. Billboards are widely used to advertise alcohol in black communities.(12)

Consequently, it is important for alcohol program planners at all levels to consider the unique circumstances and special needs of the different ethnic groups and minorities they serve. Minority group members have historically suffered disproportionately from discrimination, poverty, unemployment, inadequate health care, poor housing, lack of education, and dietary problems.

Stress is a normal experience for all college students, but can be intensified for the minority student by a number of factors, including:

- sense of isolation;
- inadequate support systems;
- financial concerns;
- competing family priorities/obligations;
- possible language barrier; and
- lack of role models (e.g., minority faculty members).

Some minority students also may be the first members of their families to ever attend college. Consequently, they may feel added pressure to excel and/or may feel that their families don't understand what they are going through, or cannot provide guidance or moral support. Any of these factors can be compounded further if the student is a COA or COSA.

Often campus alcohol programming fails to address the special needs of the minority student. This has closed the door to students on campus in need of education, prevention, and possible treatment for alcohol problems.

There are a variety of strategies for colleges and universities to consider in better meeting the needs of minority students.

- Actively recruit minority students, administration, faculty, and staff to participate in the planning and implementation of campus alcohol programs.

- Hire minority personnel in the counseling office and/or health center, particularly bilingual staff where appropriate.

- Publicize minority support groups that are located on campus or in the community.

- Establish links with community services sensitive to minority issues.

- Obtain culturally specific materials for distribution in campus program activities.
- Train and sensitize administration, faculty, staff, and students to raise awareness of and help identify minority students experiencing stress that may lead to alcohol problems.

These strategies may enable colleges and universities to bridge the gap of services for minority students. Considering the special needs of minority students is an essential aspect of developing a truly effective program that is responsive to the needs of the entire campus community.

Chapter VII ■ ALCOHOL MARKETING AND THE COLLEGE CAMPUS

Year after year, week after week, day after day, alcohol advertising sells a specific image: drinking is fun, and a necessary ingredient to achieve social, athletic, and even sexual success. What we don't see is the dark side to using alcohol: violence, broken families, lost jobs, and addiction. The primary reason for this one-sided portrayal is because alcoholic beverage producers are able to market a potentially addictive drug with very few restrictions. The alcoholic beverage industry has developed specific marketing approaches to maximize the new drinker market and capture the attention of entry-level consumers, seeking to develop a lifetime brand loyalty and to sell lots of alcohol.

The alcoholic beverage industry spends an estimated $2 billion a year, more than half of which goes to television for beer, wine, and wine cooler commercials. This figure breaks down to $5.5 million a day, or $230,000 an hour. The alcoholic beverage industry also continues to be a major promoter of sports events and sports-oriented programs. According to the Center for Science in the Public Interest, one major beer company helps finance all major league baseball teams, 20 of 28 NFL teams, more than 300 college teams, and about 1,000 sporting events.(1) Meanwhile, an estimated $5.5 billion dollars annually is spent on alcohol by college students.(2)

How advertising actually affects student alcohol consumption is not clearly known. In the last 25 years, millions of former college students experienced severe drinking problems, many of them developing alcoholism. Other students engaged in high-risk drinking during their college years, although most college problem drinkers probably decreased their alcohol use as they got older. Regardless, alcohol marketing, including advertisements and other promotions, must be viewed in light of the target audience - college students - which consists largely of underage youth.

Alcohol advertising does generate revenue for college newspapers from both local and national alcohol ads. Approximately 35 percent of all college newspaper advertising revenue comes from alcohol advertisements. In fact, there is 20 times more alcohol advertising in college newspapers than book advertising, and greater than 40 times more alcoholic beverage advertising than soft drink advertising.(3) Undoubtedly, many editors will defend alcohol advertising on the grounds that the income it provides contributes to the financial viability of their campus newspapers.

However, the NYS OASAS recommends that the newspaper ban advertisements for alcoholic beverages and specials run by bars, restaurants, liquor stores, etc. The challenge then is to develop methods of attracting alternative advertisements to support the cost of the campus newspaper. Running counteradvertising and warnings is another alternative. In fact, there is support for this concept among the general public and young people in particular. Responding to a national survey about requiring health warnings on alcohol advertising, nearly 70 percent of 18- to 24-year-olds said that such warnings would have an effect on alcohol consumption.(4) The bottom line is this: Allowing alcohol advertising in all its forms to continue unchecked on college and university campuses can actually undermine alcohol education efforts and may even be damaging to the health of students.

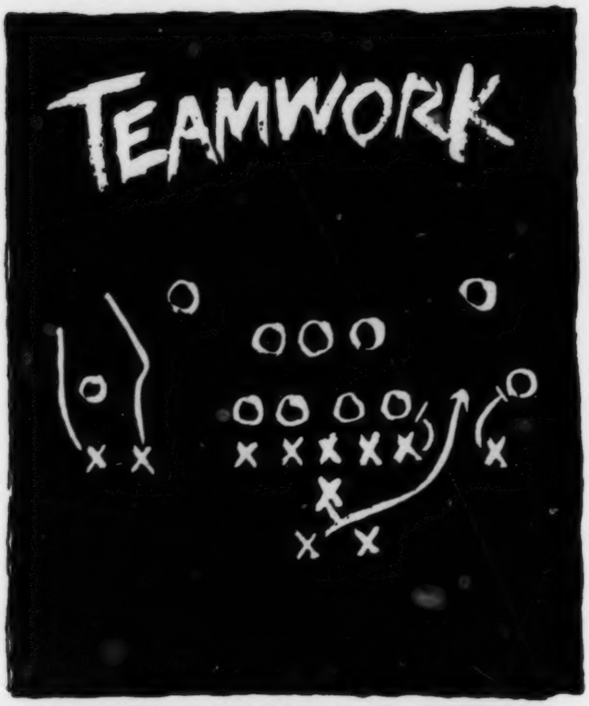
Marketers are well aware that another effective method of appealing to young adults is through entertainment and other promotions. Sponsoring athletic events and concerts enables them to reach a large number of young consumers at one time. The intensive nature of campus life makes this an attractive and effective marketing approach, as the college lifestyle inherently encourages camaraderie and interaction. Alcohol advertising can influence young people as well as adults in their decisions about drinking. Sponsorships and promotions on college campuses by alcohol producers and the use of celebrities and youth-oriented musical groups in advertising create a pro-use drinking environment.(5)

The beer industry has an almost exclusive monopoly on such nonadvertising campus marketing techniques. In addition to sponsoring athletic events, rock concerts, and parties, some beer companies employ on-campus student representatives to promote the use of their brands. Students are paid with semester salaries, scholarships, college credits, and free trips. Some receive extra bonuses based on monthly sales. Colleges and universities need to look carefully at campus-based marketing efforts, including events sponsorships and sales of alcohol-related promotional items (posters, mugs, T-shirts, etc.) that may be sold at campus stores or events.

According to the *Wall Street Journal*, 18- to 24-year-olds represent 16.3 percent of the domestic beer market, 15.1 percent of the light beer market, and 16.7 percent of the imported beer market.(6) Ironically, the United States Brewer's Association advertising code prohibits targeting beer advertising at young people. However, even a casual perusal of beer advertisements reveals a variety of appeals to youth.

Another prime offense to this code is the popular annual event known as "Spring Break." Thousands of college students, and a significant number of high school students, travel to Florida, Texas, California, and other warmer climates each spring to enjoy the sun and fun. When they arrive, marketers offer students a variety of products and entertainment in an attempt to get students to identify with their brands. Free concerts, T-shirts, frisbees, hats, and parties are there to be enjoyed and, unfortunately, are often abused. However, in recent years, fed-up community residents in these states have imposed controls in an effort to reduce the problems associated with Spring Break revelers. These efforts range from bans on beer-sponsored beach concerts to restrictions on the posting of brewers' banners on building exteriors. Unfortunately, to avoid these constraints, many college students are now going south of the border to Mexico to avoid the laws and restrictions of Spring Break in the United States. Promotions for trips to Mexico, including fliers for group excursions and package trips to Mazatlan, Cancun, and Baja are becoming increasingly popular.(7)

The federal Center for Substance Abuse Prevention has initiated the *Put On The Brakes* campaign which is designed to raise awareness of drinking concerns on college campuses. Annually planned to coincide with Spring Break, this campaign presents the risks associated with college alcohol, stirring a healthy debate on college campuses, and ultimately leading to actions to reduce college alcohol problems. Also, a recent survey of over 900 US four-year colleges found that 37 percent do not permit alcohol on campus, 25 percent prohibit the sponsorship of events by alcoholic beverage companies, and 29 percent do not permit alcoholic beverage advertising.(8)



FOR HEALTHY CAMPUSES

PART TWO

The Campus Alcohol and Other Drug Prevention Program

Chapter VIII ■ THE CAMPUS TASK FORCE

Campus alcohol and other drug programming can be challenging and exciting. Organizing a campus task force is an important element of this effort. Developing a clear picture of the problem, enlisting the support of key people, and significantly increasing administration, faculty, staff, and student involvement are a few examples of what a campus task force should strive toward. Ultimately, the task force should direct the implementation of campus alcohol and other drug activities.

While no one task force model is applicable everywhere, due to varying organizational structures, there are some important basic elements. The chief administrator should designate one department, division, or individual to be responsible for the prevention program's implementation and coordination.

Representation on the task force is also critical. The more comprehensively the task force includes a cross-section of the college community, the more effective its planning and success will be. Representatives from the following groups should be appointed to the task force.

- Office of the President and other Campus Administration
- College Council/Board of Trustees
- Student Services staff
- Department of Residential Life - professional and paraprofessional housing staff
- Students - **without their involvement your chances of success are minimal**
- Faculty
- Regional College Consortia representative
- Campus Ministry
- Campus Health Services
- Counseling Center staff
- Campus Judicial System
- Campus Media - radio, newspaper, and educational television
- Campus Activities staff
- Fraternities and Sororities
- Campus Public Safety and Security Officers
- Alumni Association
- Campus Pub Operations

There are four important organizational steps that should be taken at the first task force meeting.

Step One: Elect or appoint a chairperson.

Step Two: Develop a needs assessment survey. Chapter IX outlines this process in greater detail and Appendix 3 provides a sample survey instrument.

Step Three: Designate representatives or subcommittees to study and report to the task force on the following areas.

- Research - Needs Assessment Survey
- Campus Alcohol Policy and Regulations
- Judicial/Disciplinary Procedures
- Media/Publicity
- Education and Prevention Programs
- Early Intervention Programs

Step Four: Decide the frequency and dates of subcommittee meetings. Set a date for the next task force meeting.

Another point to consider: There are several regional college consortia located throughout New York State as part of the OASAS' Regional College Alcohol Consortia Project, which is explained in more detail later in this manual. At least one campus task force representative should be designated to attend the consortium meetings in their region.

Chapter IX ■ THE NEEDS ASSESSMENT SURVEY

Examining both the extent and nature of alcohol use, and the level of knowledge of drinking practices, problems, and behaviors on campus should help colleges and universities better understand their campus' alcohol or other drug issues. Survey data can answer many questions.

- How much do the administration, faculty, staff, and students know about campus use and abuse of alcohol or other drugs?
- What are the attitudes toward alcohol and other drug use on campus?
- Are there problems on campus related to student alcohol or other drug use? If so, what are they?
- How well does the campus community understand New York State's minimum legal possession age law and other laws and regulations?

By providing hard data, the survey should focus program planning efforts, provide a wealth of information for future awareness activities, and minimize negative emotional reactions. Campus data can be viewed in perspective with state and national statistics, thus lessening the reaction that your campus has a unique problem which it fears becoming public.

Even if task force members are not experienced in survey design and statistical methodology, the task of implementing a campus survey does not have to be ominous. Many campuses have research personnel or faculty who can provide assistance with design, implementation, and interpretation. In many instances, they can provide access to the campus computer system. Even a large sampling does not have to create an overwhelming demand on staff time.

There are a number of areas to consider as you plan and design a campus needs assessment survey.

1) You will want to answer the following questions:

    - Are there pre-program hypotheses you want to include? For example, male students drink more than female students.
    - What questions will you use to test knowledge?
    - How will you assess behavior and consequences? For example, drinking has had a negative effect on grades.

2) You will want to include questions on:

- Age
- Sex
- Class year
- Academic major
- Where, when, why, and with whom is alcohol consumed?
- Type of residence
- Family demographics
- Pre-college alcohol/other drug use
- Changes in alcohol/other drug use during college

3) How many people will you survey?

For optimum results, the survey should be administered to the entire administration, faculty, staff, and student body. If this is not possible, a random sample may provide sufficient information. If you choose a random sample, you must have a valid selection process. Your research director, statistics faculty, or counseling staff may be able to assist with this process.

4) How will you distribute and collect the survey? Here are some options.

- Via direct mail
- Through Resident Assistants
- Classroom distribution in mandatory courses for **all** students
- Faculty paycheck envelopes
- Through organizations willing to distribute and collect the survey
- Student distribution through courses where credit is awarded for survey design, distribution, and collection (e.g., sociology, research methods classes, etc.)

5) Remember:

- Keep your survey short and specific.
- Always pre-test your survey.
- Use the survey instrument as an education and awareness tool, as well as a means of data collection.

If the task force opts for a distribution method involving outside assistance, it is advantageous to train the individuals who will be conducting the survey. In this training you will want to clearly explain the survey's purpose. Also be sure that trainees understand the need to identify the task force and to assure survey respondents of confidentiality. In a direct mail or anonymous return situation the same information should be included in a cover letter. Don't forget the obvious: a thank you to respondents for participating.

Appendix 3 contains a sample survey instrument for your use.

If you wish to expand your data base, you also may want to request the following alcohol- and other drug-related information:

- campus vandalism statistics;
- campus discipline records;
- campus security reports;
- health center data;
- college-operated ambulance service data;
- counseling service information;
- statistics from other campuses; and
- data on student withdrawal, nonreturn, academic dismissal, or disciplinary expulsion related to alcohol use.

Once the task force has administered the survey and collected the data, the next step is to interpret the findings. Your survey can serve a variety of purposes, but only if appropriate constituencies are informed of the results. The task force has the responsibility of providing feedback on the survey results to all those who contributed to the needs assessment survey. Oral and/or written reports should be made to the following campus groups:

- Office of the President and other Campus Administration
- College Council/Board of Trustees
- Student Services staff
- Department of Residential Life
- Students
- Faculty
- Campus Ministry
- Campus Health Services
- Counseling Center staff
- Student Government
- Campus Media
- Campus Public Safety and Security Officers
- Campus Pub and Dining Services

Although one standard report can suffice for all groups, specially tailored reports might be more appropriate. Examples are listed below.

- Statistics regarding classes missed due to hangovers, attendance at class while intoxicated, lower grades, etc. are relevant to faculty and may encourage them to participate in your campus prevention program.

- Statistics related to vandalism, aggressive behavior, or roommate problems are of special concern to Student Services staff and campus public safety officers.

- Information regarding accidents due to intoxication and the frequency of alcohol use in combination with other drugs is important for campus health services staff.

- Statistics regarding incidents of driving while intoxicated or impaired or riding with an intoxicated driver are of particular concern to campus public safety and security officers and campus media.

- Results showing significant alcohol or other drug use on campus can help convince students of the need for alcohol and other drug education, prevention, and intervention programs.

Straightforward reporting of survey statistics should heighten awareness of campus problems or concerns and lead to specific activities. Some colleges have conducted the following activities as a result of their survey findings.

- Survey statistics formed the basis for a series of campus newspaper articles, campus radio spots, alcohol prevention posters, and short "Did you know?" statements for faculty newsletters.

- Ambulance service and health center statistics regarding alcohol-related medical emergencies led to a refined reporting system and a new method of planned intervention with students who endangered themselves.

- Local statistics were compared with state and national data for Alcohol and Other Drug Awareness Week activities.

- Local police reports transmitted daily to a Vice President for Student Affairs resulted in the formation of a "town-gown" group that met regularly to discuss community and campus concerns related to student alcohol use and local crime.

- Statistics noting students' inability to handle peer pressure and academic workload led to workshops on assertiveness training and peer counseling.

- Statistics regarding student alcohol use and related problems have been utilized by many campuses to justify budget requests for alcohol programs appropriations.

- Data concerning students' lack of knowledge about alcohol and other drugs has convinced some colleges to develop an alcohol and other drug education curriculum or elective course.

A simple survey or more complex assessment can be conducted regardless of institution size, budget availability, staff expertise, or institutional policies on human research. If you cannot do a formal survey, you might draw on existing information such as security reports, police logs, vandalism statistics, faculty and staff reports, and discipline statistics. Whatever your method, the goal is to present factual information for the purpose of raising campus awareness on alcohol and other drug use and abuse.

Chapter X ■ GOALS, OBJECTIVES, AND THE PROCESS EVALUATION

Now that the needs assessment survey is completed and the results have been examined, the task force should develop program goals and objectives.

The purpose of establishing written goals and objectives for your alcohol and other drug prevention program is to provide direction to your efforts and to clarify the who, what, where, when, and why of your activities. A shortcoming of many programs is that goals and objectives are described in broad, generalized, nonspecific terms. Consequently, the statements are not useful for evaluation purposes.

In order to demonstrate what a task force intends to accomplish, goals and objectives must be clearly stated, specific, timely, and measurable. Begin by identifying your major campus concerns as outlined in your survey findings. Then develop goals and objectives in accordance with the results of the needs assessment survey.

A task force with a realistic perspective will reject unattainable goal statements such as "to totally eliminate alcohol abuse on the campus," and ask the following questions:

- What is the priority of concerns?
- What do students know about alcohol and other drugs? What do they need to know?
- How does alcohol and other drug use affect the campus? (Student retention, vandalism, health and safety emergencies, aggressive behavior, poor community relationships, etc.)
- What specific drinking behaviors are evident on the campus?
- What message does the college want to communicate about alcohol and other drugs? (Policies, values, standards, individual and group rights and responsibilities, etc.)
- What human and fiscal resources can be committed to the program?

Goals articulate the overall purpose or direction of your program. This is not to say, however, that your goals should be sweeping and vague. Be sure to develop specific and realistic goals.

The following is an example of a realistic long-term goal.

> To educate and sensitize the campus community
> about the issues of alcohol use and abuse.

An **objective** is in essence a "subgoal." Each objective should move you closer to achieving a goal. Objectives are long- or short-term depending upon the duration of activities and the intended range of impact. Below is an example of a long-term objective.

> Through the use of workshops, public education material, and pre-post testing, the campus community will improve by 20 percent its knowledge of alcohol use and abuse.

Activities are the steps used to fulfill the stated objective. Some of the activities which apply to this objective may include:

- designing and conducting alcohol education workshops;
- designing and disseminating public education materials; and
- designing and implementing a pre-post test on alcohol and other drug knowledge. Appendix 4 contains a sample pre-post test for your use.

An example of a short-term objective is:

> Through the use of campus assessment surveys and subsequent public education, the campus community will be able to identify at least four current alcohol-related behaviors or health problems on campus.

Some of the activities which apply to this objective may include:

- collating the campus assessment survey results;
- publishing and disseminating results of the assessment survey to the college community (e.g., college paper, faculty newsletters, etc.);
- designing and distributing posters which focus on the most dramatic findings of the survey; and
- using the campus radio station to broadcast a panel discussion on the implications of the survey results. Invite administration, faculty, staff, and students to participate.

Once the task force has developed goals and objectives, you should consider a process evaluation. A process evaluation will help you measure how effectively specific activities you've undertaken have met your goals and objectives. The following questions may be helpful in determining this process.

- Was the objective accomplished?
- How was it accomplished and by whom?
- How many people participated?
- Were reactions positive or negative?
- Were there any unanticipated outcomes?
- Will this activity or objective be continued, revised, or dropped?

Regardless of the structural approach to the process evaluation, it is easy to measure your efforts using goals and objectives. You should consider the following items in your process evaluation.

- Goals
- Objectives
- Methods or activities to accomplish the objectives
- Time frame for accomplishment
- Designation of staff responsible for implementation
- Report of objective attainment (numbers, changes, positive and negative outcomes, future needs, recommendations, etc.) **This step becomes your process and outcome evaluation.**

The process evaluation enables the task force to take an objective and critical look at the program's structure: what was done; how many participants attended; number of program activities; and the dates and times of those activities. You will then be able to evaluate the success or failure of particular activities and make appropriate decisions about improvements and/or changes to your program.

The sample process and outcome evaluation format that follows on the next page is by no means the only method. It is presented simply for clarification of this chapter's evaluation material, and shows one way to organize the kinds of information and statistics you should be collecting. This example is based on the following goal and objective.

Goal:	*To educate and sensitize the campus community about the issues of alcohol use and abuse.*
Objective:	*Through the use of workshops and public education materials, the campus community will improve by 20 percent its knowledge of alcohol use and abuse.*

Activities	Time Frame	Objective Status
Assign two Residence Hall Directors to develop program format.	by 8/15	Assigned staff selected topic of new legislation, and recruited a village police officer and campus public safety officer to assist.
Secure budget appropriations for materials and refreshments.	by 8/15	Budget estimate submitted to Inter-Residence Council and approved.
Design and distribute a pre-test of knowledge, attitudes, etc. about alcohol and other drugs.	by 9/10	Pre-test completed; results distributed to appropriate planning committees.
Establish a date, time, and room for workshops in each residence hall.	by 9/15	Workshops established at first Residential Life departmental meeting.
Design publicity posters and ads for campus newspaper and radio.	by 10/1	Posters and ads done; copies sent to media, residence hall staff, and faculty for pre-test. Completed by September 5.
Print and distribute posters, ads, workshop publicity materials, and visual aids.	by 10/20	Completed on schedule.
Plan and order refreshments for workshops.	by 11/01	Campus Food Service provided non-alcoholic drinks and hors d'oeuvres.
Conduct workshops with post-tests as concluding exercise.	by 12/10	All programs completed on schedule. Outcomes were positive: student attendance was exceptionally high (average 80/hall) and the evaluations indicated that the information gained was valuable. Evaluations of the programs also indicated additional areas of student concern for future programs. An unexpected outcome was that the program prompted a group of students to begin a peer support group.

Chapter XI ▪ CAMPUS ALCOHOL AND OTHER DRUG POLICY

Colleges and universities are not exempt from federal, state, and local laws. All institutions should adopt a campus alcohol and other drug policy, consistent with relevant laws, that will guide the entire campus community.

For the purposes of this manual, an alcohol and other drug policy is a formal written statement of the college's position on the use of alcoholic beverages or other drugs. Some colleges have adopted policy statements which forbid any drinking of alcoholic beverages on campus. An effective policy clearly sets forth regulations, specific guidelines, and rules to carry out the intent of the policy.

Relevant Laws

On December 1, 1985, the legal minimum age to purchase alcoholic beverages in New York State was raised to 21. Under the law, no person can sell, deliver, or give away alcoholic beverages to any person under 21 years of age. Violation of the law is a class B misdemeanor.

As of January 1, 1990, the Alcoholic Beverage Control Law was amended to include unlawful possession of alcoholic beverages. Under this law, no person under the age of 21 can possess any alcoholic beverage, as defined in Chapter 65-c, with the intent to consume. Violators of the law may be summoned to court by a peace or police officer, and the court may impose a fine not exceeding $50. In 1990, attendance at an approved Alcohol Awareness Program became an alternative sentence for persons who violate the underage possession or fraudulent purchase laws.

Another important law affecting students involves the fraudulent use of ID to purchase or secure alcohol. Violators can be fined up to $100 and/or be required to undertake community service for up to 30 hours. Further, if a New York State driver's license is used to fraudulently purchase alcohol, the license may be suspended for three months. Relevant sections of these and other New York State laws are reprinted in Appendix 5.

The New York State Education Law prohibits hazing that involves the forced consumption of alcohol. In addition, some local governments have enacted "open container" statutes that prohibit individuals from having open containers of alcoholic beverages in a public place. Such local laws may or may not apply to private property or state land within the community.

The Drug-Free Schools and Communities Act Amendments of 1989 require colleges and universities to certify to the US Department of Education that they have implemented alcohol and other drug abuse prevention programs for students and employees. Institutions also must conduct biennial reviews of their programs to evaluate effectiveness and implement any necessary changes, and to ensure that they consistently enforce all sanctions.

At a minimum, programs must annually distribute the following to each student and employee, or risk losing federal financial assistance.

- Standards of conduct that clearly prohibit, at a minimum, the unlawful possession, use, or distribution of alcohol and illicit drugs by students and employees on their property or as part of their activities.
- A description of applicable federal, state, or local legal sanctions concerning the unlawful possession or distribution of alcohol or other drugs.
- A description of the health risks associated with the use of alcohol and other drugs.
- A description of any alcohol or other drug counseling, treatment, or rehabilitation or reentry programs that are available to employees or students.
- A clear statement that the institution will impose sanctions on students and employees consistent with federal, state, and local laws, as well as a description of those sanctions.

The Higher Education Act Amendments of 1986 require all colleges and universities receiving federal financial student aid to certify that they have drug abuse prevention programs for administration, employees, and students. The Drug-Free Workplace Act of 1988 expands this provision to require employers to establish a policy of maintaining a drug-free workplace by communicating the dangers of workplace drug abuse and providing information about drug counseling, rehabilitation, and employee assistance programs. In essence, this law requires colleges and universities to make good-faith efforts to establish and maintain a drug-free workplace for employees covered under federal contracts and grants.(1)

Raising the purchase age to 21 and other laws were never intended to be a panacea to end alcohol-related problems among young people. However, they have proven to be important initial steps, when followed by public awareness and education, increased enforcement, and enhanced cooperation among colleges, alcoholism agencies, and local communities through efforts such as the Regional College Alcohol Consortia Project.

Developing and Implementing Policy

The task force cannot develop and implement prevention and intervention strategies until a policy and regulations are in place. It is important to note that policies and regulations must be carefully thought out and discussed among committee members. Policies and regulations that are not enforceable can create greater problems, undermining the intended goals of the campus alcohol and other drug program. Chapter XIII discusses various disciplinary actions your campus could adopt for those students who violate the college's alcohol and other drug policy.

Prior to implementation, a comprehensive campus alcohol policy statement needs to address several important questions.

- Is the policy consistent with federal, state, and local laws? Campuses should not be seen as "safe havens" where applicable laws are not enforced.
- Does the policy address both individual and group behavior and events? Individuals must know precisely which policies govern their behavior and how each individual will be held accountable. Similarly, student and faculty organizations must know what policies apply to their events and activities, and how they will be held accountable.
- Does the policy apply to all campus property, as well as to events controlled by the institution?
- Does the policy apply to the entire campus community? A comprehensive, effective policy applies not only to students, but to administration, faculty, staff, and visitors as well.
- Does the policy address both on- and off-campus behavior? All institutions must assume full accountability for on-campus behavior. However, some institutions also may wish to develop policies pertaining to off-campus alcohol use. The institution may find this helps improve relations with the local community. However, off-campus regulations may backfire if the institution is unwilling to enforce them.
- Is the policy clearly stated and not contradictory about the consequences of noncompliance? The campus alcohol and other drug policy should describe the penalties for violating regulations. For example, a policy might state that violations will result in the possible referral to the college's judicial system.
- Are those charged with enforcing campus alcohol and other drug regulations supported by the administration? Is their authority clearly defined?

The campus alcohol and other drug policy should be published in all college and university materials, including admissions publications, faculty and student handbooks, and promotional or awareness materials for the general public. It also should be circulated widely to the full campus constituency, including:

- Administration
- Students and student leaders
- Faculty
- Parents
- Community Leaders
- Campus Police
- Maintenance and Clerical staff
- Food Services staff
- Clubs and Organizations
- Student Services staff
- Campus Health Services
- Campus Pub managers

An individual or committee should be assigned by the task force to publicize the policies and regulations. In addition to those mentioned above, there are a variety of mechanisms to disseminate this information.

- Mailings
- Student Orientation
- Parents Orientation
- Classroom presentations
- Faculty meetings
- Newsletters
- Campus-Community meetings
- Faculty training
- Campus Media and posters
- Residence Hall meetings
- Student Leadership training
- Resident Assistant and Director training
- Campus Pub manager training
- Employee paycheck stuffers

There is no standard campus alcohol policy applicable to all institutions. Each college and university must develop a policy and regulations that reflect its basic philosophy and unique needs. This manual presents several sample policy statements and regulations only as examples.

The NYS OASAS does not endorse any specific policy or regulation, recognizing that different ones fit individual campus needs.

Sample Policy Statements

Selected sections of alcohol and other drug policy statements from three New York State colleges, effective as of Fall 1992, follow as examples.

Four-year Residential College

> Alcoholic beverages are not permitted on the campus, in buildings (including residence halls), grounds, athletic fields, or facilities of the campus except by special authorization. Authorized special events (sponsored by recognized campus officers, units, or students groups whose elected leadership, membership, and attendees must be a minimum of 21 years old) may be approved by the College President (or designee) upon the completion of appropriate application and planning, with the review and recommendation of the Vice President for Student Affairs.
>
> Authorization for special events will not be granted if the purpose of the event centers on the consumption of alcoholic beverages. Also, when alcoholic beverages are permitted, both food and nonalcoholic beverages must be served appropriate to the number of anticipated attendees.

Two-Year Residential College

> Students and their guests are not allowed to possess or consume alcoholic beverages on college property. Students are subject to all local and state laws concerning the use, possession, sale, and transportation of alcoholic beverages. Students violating laws face civil, criminal, and/or college disciplinary action.

Nonresidential College

- No alcoholic beverage can be brought, possessed, or consumed on campus.
- No person who appears to be intoxicated is allowed on the campus.
- Possession, transportation, and/or the use of any illegal drug on the campus is prohibited.

Urban Nonresidential College

Each student must view an educational videotape discussing the health risks associated with alcohol and other drug use, as part of the school's prevention program.

No alcoholic beverages shall be permitted on school premises. Any student found to be attending classes or on school property under the influence of alcohol shall be subject to disciplinary action by the dean. Any student found to be under the influence of or engaged in the sale of illegal drugs shall be subject to immediate dismissal and referral to the appropriate law enforcement authorities.

Sample Regulations

The following is a list of various regulations in effect at colleges and universities throughout New York State.

- All guests in residence halls are subject to all campus rules and policies. If a guest violates the policy, the host will be held responsible for the guest's actions.
- When alcohol is served at a party, a nonalcoholic beverage also must be served. The minimum proportion of nonalcoholic to alcoholic beverages must be 50 percent nonalcoholic to 50 percent alcoholic. Food also must be served at all student and faculty parties at which alcohol is served.
- Consumption of alcohol will not excuse a person from the legal or disciplinary consequences of disorderly or unlawful conduct.
- Individuals must not be forced to drink alcoholic beverages at any time.
- A system for checking IDs must be enforced. This will protect the organizers from unknowingly serving alcohol to underage persons.
- The Student Affairs office will respond immediately to reported incidents of illegal drug use or distribution. These incidents will follow regular discipline procedures or will be referred to the local police agencies.

In a very broad sense, we live in a "quick fix" society. Rather than looking at long-term solutions to specific issues, such as alcohol and other drug abuse, we tend to apply a bandage on the problem, hoping that it will just "go away." Although this approach is used everyday, it is not very practical, especially in an economic sense. It is time for society to view prevention as a viable, cost-effective method of dealing with health and overall wellness. More importantly, it is time for us to realize that prevention works! To emphasize this, look at these facts compiled in the federal Center for Substance Abuse Prevention's *Prevention Pipeline*:

- The number of people killed in alcohol-related car crashes each year decreased from 25,000 to 20,000 between 1982 and 1991, partly because of efforts to keep alcohol out of the hands of underage young people.(1)
- Nearly 3.5 million of the underage youth who will not drink next month, and 25 million Americans who won't use other drugs, would have if the norms and customs of 1979 had not been changed through prevention.(2)
- Students who spend their high school years in states with relatively high alcohol taxes are more likely to graduate from school.(3)

Prevention actions are designed to preclude the onset of alcohol- and other drug-related problems through skill building, education, and public policy initiatives. Such activities are directed to the general population, as well as to specific target groups. As mentioned in Chapter II, there are a number of features that effective prevention programs share.(4)

- They are targeted.
- They are designed to effect long-term change.
- They strengthen the natural support systems of family, school, workplace, and community.
- They can document their success in meeting stated goals and objectives.

The Language of Prevention

Where young people are concerned, it is critical to provide straightforward, factual information about alcohol and other drugs in language that avoids sending mixed messages. Underlying the formation of all prevention messages must be the clear understanding that **alcohol is a drug.** To emphasize the fact that alcohol is a mind-altering drug, the NYS OASAS recommends that the phrase "alcohol and other drugs" be used in all references.

How we present a message is often as important as what we say. Since use of the term "abstinence" frequently evokes a negative response, the OASAS has adopted alternatives such as "non-use" or "choosing not to use" as more positive approaches in health promotion. Saying "choosing not to use" reflects an active process that lets people know they have a choice. Using the term "abstinence" implies there is a rule about alcohol use that one cannot change or act upon.

The OASAS has identified messages that are essential for comprehensive, effective alcohol and other drug education. Underlying these messages is the recognition of alcohol's role as the gateway drug, as well as alcohol's connection to a wide range of problems. These messages guide the OASAS in developing print and broadcast materials, and they also are consistent with editorial guidelines adopted by the federal Center for Substance Abuse Prevention and the Substance Abuse and Mental Health Services Administration. Appendix 8 outlines these federal guidelines.

- Alcohol is a drug.
- Alcoholism is a preventable and treatable disease.
- Alcohol is the drug most widely used by young people.
- Alcohol use by underage youth is unacceptable. Further, when referring to young people under 21 years, the term "abuse" should not be used; we recommend the phrase "prevent alcohol and other drug use."
- Any use of alcohol, even though not illegal, is not recommended for specific high-risk groups (e.g., children of alcoholics, pregnant women, recovering alcoholics and addicts, etc.).
- Any use of alcohol in high-risk situations is unsafe (e.g., driving, boating, at work, etc.).
- Intoxication under **any** circumstances is dangerous ("Getting Drunk Is Never Safe").
- The combinational use of alcohol with any other drug is dangerous.
- Alcohol is the maintenance drug for illicit drug users (e.g., marijuana, cocaine, crack, etc.).
- Non-use of alcohol is **always** an acceptable choice.
- A drink is a drink is a drink - beer, wine, wine coolers, and distilled spirits (equivalency).
- Fetal Alcohol Syndrome (FAS) is now recognized as the leading known cause of mental retardation in the Western World and the only one that is totally preventable.

Prevention Strategies That Work

Bonnie Benard, a well-known prevention researcher, has identified strategies that contribute to comprehensive and effective prevention programming.(5) These can be applied easily to college-based prevention programs.

- Provide accurate alcohol and other drug information.
- Promote health-enhancing life-skills, communication, problem-solving, decision-making based on low-risk choices, critical thinking, general assertiveness, stress reduction, and consumer awareness.
- Support positive alternatives to activities that have traditionally focused on alcohol use.
- Train people who have an impact on the behavior of others: administration, faculty, staff, student leaders, campus police, health care professionals, clergy, etc.
- Change campus alcohol policies and norms.

Effective prevention strategies require policies that place the interest of public health above the economic, political, and popular student opinion of campus socializing. The success of campus prevention programming requires a significant, direct commitment to these policy choices, as well as the incumbent investment of resources.

The prevention strategy of healthy lifestyle choices can serve as an important guide in planning effective prevention programs and activities. The six general themes listed below are all derived from this strategy and its focus on low-risk versus high-risk drinking.

- To promote a positive valuing of good health and a complete understanding of the relationship between alcohol use and health.
- To discourage alcohol use by students under 21 years old and delay its onset.
- To discourage any alcohol use by high-risk groups, such as children of alcoholic parents, or by persons who suffer illnesses or take medications that contraindicate the use of alcohol.
- To discourage any alcohol use in high-risk situations, where injury to self or others would be more likely due to impaired judgment or coordination.
- To discourage any alcohol use in quantities sufficient to produce intoxication.

- To promote an understanding of effective strategies for identifying and helping people with alcohol problems.

Your campus needs, as identified in the needs assessment survey, should guide the task force in developing and targeting prevention programming that is problem-specific to your campus. It is important to note that prevention programs are far more effective if they involve students in the brainstorming and development of the promotional, educational, and social activities undertaken as part of the program. Student involvement will increase their understanding of program philosophy and objectives, and help to build overall student support and acceptance.

As discussed in Part One of this manual, there are several target populations that you may want to design strategies for when dealing with alcohol and other drug issues.

Some strategies educators can use to help COAs and COSAs include:

- Help students distinguish between what they can control (their own behavior) and what they cannot control (other people's behavior).

- Assist students in developing special interests, hobbies, or talents that can be sources of gratification and self-esteem.

- Organize a discussion to help students understand issues associated with alcoholism and other drug abuse by family members. Point out that everyone in the family can be affected if one person is dependent on alcohol or other drugs.

- Handle discussions about alcohol abuse and other sensitive topics carefully. If a student becomes agitated and talkative, encourage him or her to speak about the topic being discussed. Avoid questions that may put students on the spot. Let all students know that you are available if they want to speak privately.(6)

If you focus some alcohol and other drug education efforts toward women, topics to address could include Fetal Alcohol Syndrome, or the alcohol and other drug connection to acquaintance rape, AIDS, and domestic violence.

When you begin planning culturally diverse workshops or educational series, it should enhance your efforts if you keep the following ideas in mind:

- Actively recruit minority students, administration, faculty, and staff to join in the development and implementation of your program.

- Publicize support groups located on campus or in the community that deal with specific cultural issues.

- Obtain culturally specific materials for campus distribution.

Peer training and education have also proven to be highly effective among the college population. Students seem more willing to accept the principle of low-risk drinking when shown by peer example that it is acceptable, preferable behavior.

Peer education is most effective when it incorporates both pre- and in-service training. Pre-service training is designed to provide newly selected peer educators with a conceptual and practical understanding of their role. Ongoing in-service training is aimed at refining helping skills and regularly reinforcing sensitivity to and awareness of special populations and problem areas, as well as the needs of individual students and the campus at large.

While peer education programs come in a variety of models, most include four basic program concepts:

- positive peer influence (role modeling);
- peer education;
- peer group facilitating; and,
- peer participation.

One of the most frequent mistakes made in alcohol prevention programming is the failure to provide sufficient factual information on alcohol before attempting to change students' attitudes, values, and behavior. However, facts by themselves will not change behavior. The presentation of factual information, coupled with values clarification and decision-making skills, can enhance awareness and sensitivity to the impact of alcohol on an individual's life. Programs that include these components can be difficult to implement because they compete with, and often contradict, values and attitudes learned from families and peers over a lifetime. Begin with small, informative, and appealing activities, working your way toward highly visible events that will attract campus-wide participation. Remember that the elements of fun, enjoyment, and high interest help to ensure the success of your efforts and become a drawing card for future programs.

The following is a brief list of some easily developed prevention activities.

- Symposiums, Speeches, Presentations
- Film Festivals
- Panel Discussions, Debates
- Poster Competitions

Organizing and presenting an "Alcohol and Other Drugs Awareness Week" continues to be an effective activity to involve the entire campus. Use a high traffic area to set up booths where the campus community can obtain information on different health-, alcohol-, and other drug-related issues and organizations.

Local councils on alcoholism and other drug addictions, county mental health clinics, human services providers, clergy, self-help groups, and state alcoholism and health agencies are good sources of materials. Eliciting the participation of community representatives eases the burden on the campus task force and strengthens cooperation between the college and local community.

Along with your booths, you should plan a week of educational activities for students. The topics selected for booths may be expanded into workshops or incorporated into classroom discussion. Below is a list of topics which have been used successfully in the past on several campuses.

- Legal Issues - DWI and DWAI Laws, Dram Shop Act
- Alcohol, Other Drugs, and Nutrition
- Alcohol and Acquaintance Rape
- Identifying the Signs and Symptoms of Alcoholism
- Alcohol, Other Drugs, and AIDS
- Sources of Referral for the Substance Abuser and Family Members

Another area of programming that can be enjoyable and begins to change campus social norms is the alternative alcohol-free social event. Residence Hall staff, student leaders, and campus activities staff often are under the misconception that students cannot have fun without alcohol and other drugs. Media, adult role models, and peers have reinforced this belief. The success of the alcohol-free social event depends on enthusiasm, advertising, and a campus policy that ensures alcohol will not be the focal point of any event. Plan your activities to meet the needs of students. For example, if students drink to relax, relieve tension, have fun, meet people, and feel comfortable with peers, you must plan alcohol-free events that address these needs.

Your campus also may want to consider providing alcohol- and other drug-free residence halls, which many New York State colleges have established, following a national trend. Students choose to live in the substance-free residence halls for religious reasons; some are COAs or COSAs, some are recovering, and still others have taken the health warnings about alcohol, tobacco, and other drugs seriously and want to live with others who feel the same way.

Along with your programming activities, don't forget the important element of training, which should ideally be provided for administration, faculty, and staff. For your program to be effective, the campus must be fully educated and supportive of the program's goals and objectives. Staff who require training are those who come in contact with students on a regular basis.

- Residence Hall staff
- Campus Activities staff
- Faculty, especially faculty advisors
- Student Leaders
- Campus Safety and Security Officers
- Campus Pub staff
- Counseling Center
- Campus Health Services staff

The OASAS believes that combining all of these elements promotes program development that is appropriate, comprehensive, and responsive to the needs of colleges and universities.

Chapter XIII ▪ EARLY INTERVENTION AND DISCIPLINARY PROCEDURES

So far, this manual has specifically addressed prevention programming. However, it's no secret that on any college campus there are students who already have alcohol- or other drug-related problems. If the college has not already done so, the task force should encourage the development and implementation of early intervention efforts. An intervention component enables staff to refer students who require help.

Early intervention techniques can be as simple or complex as the needs of the campus dictate, thus ranging from a simple confrontation by concerned residence hall staff to a judicial board mandate for referral and assessment. Not every student who is intoxicated needs treatment, but some do. It is necessary to learn to recognize individuals who are having alcohol- or other drug-related problems.

With the right information, education, and training, the campus administration, faculty, staff, and students can learn to identify behaviors that indicate when an individual is abusing alcohol or other drugs. The following is a list of behaviors that may signal a potential problem.

- Excessive amounts of money spent on alcohol or other drugs.
- Property damage while under the influence of alcohol or other drugs; more than one incident of this nature is a particular sign.
- Vehicular arrest for DWI or DWAI, or other arrests related to alcohol or other drugs.
- Frequent intoxication or impairment.
- Class absenteeism or tardiness due to drinking or hangovers.
- Drop in grades.
- Difficulty studying or working due to alcohol or other drug use.
- The occurrence of blackouts. This is **not** "passing out" from overindulgence. A blackout is best described as alcohol-induced amnesia. It is an interval of temporary memory loss during which the person remains conscious and active, and may even appear sober, but later has no recollection, even if reminded, of where they were or what they might have done.
- Changes in drinking behavior, which may include:
    - a tendency to continue drinking after companions have finished;
    - drinking more than peers: gulping, drinking between rounds, arriving earlier at a bar, encouraging friends to "drink up";

    - changing peer groups to ones that reflect new drinking practices; or

    - a change in the type of alcoholic beverages consumed.

- Development of a negative attitude towards environment, school, peers, family, etc.

- Problems arise or are compounded due to drinking or using other drugs. These problems affect the individual and/or others.

- Frequent hangovers: Alcohol has two effects on the central nervous system. The first is to sedate and the second is to agitate (irritate). This agitation is commonly known as a "hangover." Some common symptoms of a hangover are headache, upset stomach, fatigue, thirst, and a general feeling of uneasiness and irritability.

- Increased tolerance for alcohol: As alcohol use increases, the drinker soon discovers more drinks are required to get the desired effect. As this process continues over a period of time, the drinker develops the ability to "hold more." Some experts attribute increased tolerance to a learning process. It also may be attributed to the liver's ability to handle alcohol. Over time this increased tolerance, coupled with the irritation (hangover) effect of alcohol, can set up an addiction process.

- Avoidance/Denial: The person will not talk about his or her drinking or other drug use, becoming defensive, giving excuses, questioning or ridiculing your attitude or motives.

- Mood and/or personality changes.

- Loss of control: This is the major symptom of a problem. The person is unable to **consistently** control drinking. The person may even be able to stop drinking for periods of time. However, once the drinking starts, there is no control over the amount of alcohol consumed and how long the drinking episode continues.

These signs may be helpful in identifying an alcohol or other drug problem. Much of what can then be done depends on how well the person intervening knows the individual, as well as the relationship that the two of them have established. Frequently friends and roommates are asked to assist in bringing the student in for help.

If alcohol or other drug use continues despite the problems it causes, the person may be suffering from the disease of alcoholism or other drug addiction. Because alcoholism/other drug addictions are progressive, people who exhibit the behaviors listed above and do not receive intervention may become dependent.

Typically, these individuals completely deny the presence of any type of alcohol- or other drug-related problem. Because problem drinkers or substance abusers usually do not have any insight into their problem, it is crucial that persons close to them understand the nature of abuse and addiction, and take the initiative in providing help.

Early intervention is critical. The impaired judgment induced by alcohol or other drugs often keeps abusers locked in a self-destructive cycle. This pattern prevents substance abusers from admitting their abuse and should be dealt with immediately. As the alcohol or other drug abuse progresses, these individuals actually become victims of their own developing defense mechanisms. Their judgment is progressively impaired, causing them to lose touch with reality.

Another way to help alcohol and other drug abusers is to avoid being part of the problem. Most people do well-meaning things that may actually encourage the problem drinking or use of other drugs to continue. This process is known as "enabling." People enable substance abusers to keep drinking, using other drugs, and denying their problems by helping them escape the harmful consequences of drinking or using other drugs. Some examples of enabling problem drinkers are presented below.(1)

- Lying or making excuses for them.
- Lending them money after they have spent their own on alcohol or other drugs.
- Denying the problem yourself.
- Drinking or using with them.
- Not talking about their drinking or other drug use because they get angry.
- Justifying the drinking/drug use ("He's under so much pressure").
- Attempting to control the use (e.g., hiding the alcohol).
- Minimizing their alcohol or other drug use ("It's not so bad").
- Avoiding problems to keep peace.
- Taking over responsibilities (e.g., cleaning up a mess made while drunk).

Sequential Intervention Process

To assist different organizations in designing and operating effective intervention services, the NYS OASAS has developed the Sequential Intervention Process (SIP). This early intervention framework offers various organizational settings, including colleges and universities, a system to identify and refer individuals with an alcohol or other drug abuse problem. Modeled after the successful approaches of Employee Assistance Programs and the recently developed Healthcare Intervention Services, the SIP provides for a transition from identification to referral and follow-up. The process also places the more difficult activities around confrontation and motivation, which are often uncomfortable for faculty, RAs, and other staff, into the hands of a trained professional.

Within the continuum of alcoholism and substance abuse services, early intervention is defined as a sequential process that generally forms the bridge between prevention and treatment services. Early intervention identifies individuals already experiencing alcohol or other drug problems or at risk for developing these problems; assists them in recognizing the seriousness and consequences of their use; and motivates them to take action by working through denial and resistance. Intervention specialists educate individuals about the relation of their alcohol or other drug abuse to the problems they are experiencing, and discuss sources of help. Should a person need an assessment for possible treatment, the final phase of early intervention is a referral for the individual to an appropriate service. If appropriate, family members or others who have been affected by the individual's alcohol or other drug problem can be identified and referred as well. Follow-up should be conducted to determine if action was taken on the referral and the outcome of the process.(2)

Intervention services benefit both the individual and the agencies, institutions, or organizations that provide such services. Early identification can avert the need for more comprehensive and costly treatment and the related medical, professional, legal, social, and other problems that are linked to alcoholism and addiction.(3)

Colleges which already employ an alcohol and other drug counselor within their larger program may find the SIP useful in organizing, describing, and promoting their intervention services. Those schools that do not have access to an alcohol or other drug counselor as part of their program should consider hiring a full- or part-time professional, and establish the SIP within their institution. Colleges may be able to secure professional input on a regular basis through their local council on alcoholism and other drug addictions or another human service agency. Structured early intervention services have been very effective in reaching persons with alcohol or other drug problems in the work force and healthcare systems. The SIP shows promise of achieving similar results with college students whose lives and futures may be affected by alcohol or other drugs.

Using early intervention techniques, problem drinkers/users are made to focus on present behavior, helped to accept responsibility for that behavior, and guided in learning to fulfill needs without causing harm to themselves or others. The person who intervenes needs to build an emotional relationship with the individual and take an active role in the helping process, to firmly guide that person towards a healthy course of action.

Counselors can train student services staff (e.g., RAs or RDs) to be peer helpers who can assist them with early identification and referral of troubled students. Peer helpers will require modest amounts of supervision by counselors.

In interventions it is important to call attention to the behavior pattern that has developed. The alcohol or other drug abuser needs to recognize that the various use episodes are not isolated incidents but rather a pattern of behaviors that could lead to dangerous consequences. Because of the abuser's strong denial system, documentation must be used by the counselor and peer helpers.

Documentation

Documentation is essential when confronting or intervening with a person who has exhibited problematic behavior due to alcohol or other drug use. **Documentation must be specific, concise, and focus solely on behavior.** Documented, observed behavior must be described in a factual, nonjudgmental way, and include dates, times, and the specific connection to drinking.

Counselors and peer helpers should remember these tips about the documentation information that is collected.

- If you choose to speak with the student, you will need to display evidence that you care enough to be concerned about his/her behavior.

- Should you choose not to speak with this student, the information you recorded can be given to someone comfortable in this role.

Do not be afraid to talk to a student who is suspected of having a problem. Be a friend and try to provide support. The best advice, regardless of the situation, is to keep calm and not to panic. Think through what is to be said and done before seeing the student. If the helping person appears nervous, their anxiety may be transferred to the student being confronted. Confrontation is sometimes difficult for students to accept, so be prepared for resistance and denial. It can be very helpful to role play the situation with someone else ahead of time.

Learning confrontation techniques is essential for people in supervisory positions. Appendix 6A provides a list of guidelines to assist in the development of these skills. Appendix 6B contains a sample documentation form currently in use at one state university campus.

Another situation that may arise is the need to deal with intoxicated or impaired students. If students smell of alcohol, are unsteady, slur words, and appear sick, stay with them, even if they fall asleep. **If you have any doubt that a student is in physical danger, send for appropriate medical help immediately**. If a student is rowdy and aggressive, speak in a clear, firm voice; do not laugh or ridicule the student as this is apt to provoke anger. It is important to reassure the student that you are there to help.

It is essential to have a list of community emergency and crisis resources readily available. There should be a referral link to the campus health center, counseling services, and safety and security staffs so that a system is in place for crisis situations. It is recommended that the campus system include an alcoholism/substance abuse counselor on staff.

Initiating an Effective Intervention Program

Training and educating the residence hall staff and judicial personnel to recognize a student in need of alcohol or other drug education, counseling, and/or referral for treatment is the first step in developing an effective intervention program.

When residence hall staff have written more than one documentation on one student, the forms should be forwarded to the residence director of the building. After reviewing the forms, the director can choose from among several options.

- All incidents are a matter of coincidence, no action taken.
- Refer for review by the campus disciplinary board.
- Recognize a possible problem with alcohol or other drugs and confront the student. Refer the student to the substance abuse counselor, counseling services, or health center staff.

Nonresidential colleges can apply these same steps by instructing appropriate college staff and faculty to refer reports to the college health service director or activities director.

Disciplinary Boards

College disciplinary boards, commonly referred to as campus judicial boards, often receive alcohol- or other drug-related cases for review. The board members should be aware of disciplinary choices when an alcohol or other drug problem is suspected. The ideal system incorporates a direct link between the disciplinary board and the campus alcoholism or substance abuse counselor, so that a referral for assessment can be made quickly. The counselor then presents a series of recommendations to the disciplinary board, based on solid documentation, outlining the suggested course of action. Recommendations are not enforceable per se because the student has the choice of accepting either the counselor's recommendation or more serious disciplinary actions. Recommendations might include the following items.

- Assign the student to volunteer a specific number of hours working on prevention activities around campus.
- Require the student to attend alcoholism/substance abuse counseling.
- Require the student to attend a six- to eight-week alcohol or other drug education program.
- Recommend that the student attend a self-help group.
- Mandate an assessment for alcoholism or substance abuse treatment, with suspension as the consequence for lack of compliance or refusal.

Referral Policy

Identifying an alcohol or other drug problem is only part of the intervention process. Campuses must establish and publicize a referral system within the campus community. Administration, faculty, staff, and students all should have access to this system and feel comfortable using it. Local alcoholism and substance abuse counselors can work with the task force and community services to set up a workable system. Contacts that can be made with local councils on alcoholism/other addictions or other service providers within the Regional College Alcohol Consortia Project can be a big asset in building a referral program.

Several years ago, the University of Maryland developed a successful Alcohol Education Program that includes a well-defined referral system as part of the judicial process. Students who are referred to the disciplinary board have the option of entering the school's Alcohol Education Program as an alternative to further disciplinary actions.

Students are notified in writing of the option to enter the Alcohol Education Program and are instructed to make an appointment with the coordinator. During the first meeting, the student is evaluated to determine whether entering the program is appropriate. One of the tests used for evaluation is the Michigan Alcoholism Screening Test (MAST), an alcoholism detection questionnaire that assesses select adverse social and medical consequences of excessive drinking. The MAST questions, which have been adapted for the University of Maryland's use, combined with the evaluation process, help identify students who are experiencing problems with alcohol so they can be referred to appropriate services.

Upon acceptance into the program, the student must sign a contract to attend the program and complete specific tasks, such as keeping a daily log and staying alcohol- and other drug-free while in the program. When the six weeks are completed, the student is again evaluated. Based on the results, the student is referred back to the program, enters a support group, or returns to his or her former status. Appendix 7 contains information, forms, and memos developed by the University of Maryland to record the steps of its program. Every college and university program should have a referral system. The information in Appendix 7 may be useful in setting up such a system on your campus.

Chapter XIV ■ PROGRAM PUBLICITY

Now that you have begun to develop and implement the various components of the campus' alcohol and other drug prevention program, it is important that you publicize the program and its efforts to the campus and its surrounding community. Every facet of the program should be publicized, from the formation of the task force to a sneak preview of activities and programs scheduled for the upcoming academic year. Along the way you will want to publicize the needs assessment survey and report its results; post rules and regulations; announce your alcohol and other drug awareness and education efforts; and advertise workshop topics, dates, and locations.

The task force, through the subcommittee in charge of publicity and media, needs to inform the campus and the surrounding community about the campus substance abuse prevention program, what it can do for them, and how they can become involved. Campus and community understanding and support will not be a reality unless publicity is an integral part of the program's planning process. By informing as many people as possible of the program's goals and objectives, the task force may uncover resources and organizational support it did not know were accessible.

Several factors should be considered as you begin designing your publicity campaign.

- What are your campus needs, attitudes, knowledge base, etc. as documented by the needs assessment survey?
- Who are the target audiences you want to reach? Target audiences can include students (on- and off-campus residents), parents, faculty, administration, off-campus neighbors, and local government agencies, among others.
- What production and media outlet resources are available to your campus? The resources you should inventory include budget available for media development and production; broadcast and print media outlets; cost-effective mechanisms to distribute information; and production capabilities. Be sure to research both campus and community resources to decide which ones will be the most effective and provide the greatest exposure for the program.
- How will you incorporate an evaluation component and collect data?

Many colleges and universities have on-campus marketing, advertising, or media experts who can be a source of ideas and assistance. You also might try enlisting the cooperation of students enrolled in communications and journalism courses to help write press releases, announcements, and advertisements. Art and design students can help develop attractive publicity and information materials. Your publicity efforts can effectively promote alcohol and other drug awareness. The task force can downplay drinking using similar marketing techniques as those used by the alcoholic beverage industry, though on a smaller scale. For example, attractive, well-composed ads; colorful, informative posters; and factual editorials can raise awareness and have a positive influence on the entire campus community. News releases for campus and local newspapers can be written, poster campaigns designed, and radio spots prepared, providing overall yearly coverage of the program's planned events. Creative techniques for publicity are easily developed when programmers are encouraged to brainstorm and consider new approaches.

Be sure the messages you develop are accurate, clearly articulated, and relevant to the target audience you've selected.

It is useful to meet with media representatives to discuss your communications needs and efforts during the planning stage, particularly if you have not worked with them before. Early and direct hands-on involvement of media "gatekeepers" should increase your chances of receiving their support and participation. Media outlets and organizations also can be valuable cosponsors for campus programs. Below is a list of some media resources, outlets, and products available to most colleges.

Campus

- Campus newspaper and/or magazine: news articles, editorials, advertisements, notices.
- Radio and television: PSAs, news coverage, talk shows.
- Official college publications: orientation fliers, health service publications, catalogs, sports programs.
- Newsletters: administration, alumni, student organizations, fraternities and sororities.
- Other: posters, bulletin boards, book jackets, T-shirts, mailings to parents, employee paycheck stuffers.

Community

- Daily and weekly newspapers, penny shoppers: news articles, editorials, advertisements, notices.
- Radio: PSAs, news coverage, talk shows.
- Television - local network affiliates, independent stations, and cable companies: PSAs, talk shows, public affairs programs, news coverage.
- Other: billboards, business publications, direct mail, community organizations' newsletters, public meetings.

Copies of all your ads, newsletters, editorials, and other publicity materials should be saved for future reference and to assist the media committee in their end-of-year evaluation. Chapter XV explains the evaluation process and the benefits of conducting this research.

Chapter XV ■ PROGRAM EVALUATION

The final component of the campus alcohol and other drug program brings the task force full circle back to evaluation. Conducting an end-of-year program evaluation is an important tool in assessing program impact on the campus community. This type of evaluation is called an "impact evaluation." As explained in Chapter X, evaluations can help you measure how effectively the task force is meeting program goals and objectives.

Some questions which should be addressed in an impact evaluation are:

- What did the program try to do?
- What did the program accomplish?
- How did it affect the campus community?
- What changes were stimulated by the program?

An evaluation matrix is an effective tool to evaluate all facets of the campus program. This type of matrix groups methods of evaluation into four categories. The sample matrix on the next page describes a range of possible evaluation elements found in each category.(1) The task force should substitute appropriate elements to measure its own program efforts.

When the matrix is completed for the year's activities, the task force will be able to judge the successes and failures of individual program components and identify those prevention and education efforts that are working on the campus. The task force should use the evaluation results to see if staff time, funds, and resources were used in the most cost-effective manner. Evaluation data also will help you analyze which program efforts were the most productive and made the best use of time and budget. This information then provides the framework for planning future programming efforts, showing the task force where to make needed changes and improvements.

If the evaluation process is built into the structure of all program activities at the planning stage, gathering the data needed for your impact evaluation will be routine, rather than a high-pressure crisis at the end of each year. Having this information readily available throughout the year also will enable you to answer any questions about the program that may arise during the year.

All campus programs compete for limited funds and staff time. If the task force can demonstrate that significant behavior changes (e.g., residence hall damage or campus violence decreased) have resulted from the program, you should be in a position to justify the program's continued existence and secure future funding. Obviously, this necessitates that the task force present the evaluation results to the college administration and those who control funding allocations. It is also imperative that you inform the campus community about the evaluation if you are to maintain and, more importantly, increase campus support and involvement.

Evaluation Matrix

Direct Measures

Objective
(Quantitative)

- Survey - knowledge of alcohol and other drug facts
- Number of referrals for treatment
- Number of parties with food, nonalcoholic beverages
- Alcohol's relation to health reports
- Campus records (campus security)

Subjective
(Qualitative)

- Survey - personal attitudes and behavior
- Discussion groups
- Reported frequency of student substance use by RAs, RDs
- Participant satisfaction - programs

Indirect Measures

Objective
(Quantitative)

- Attrition rate
- Grade Point Averages
- Number of counseling sessions
- Contact hours of programs
- Number of brochures picked up
- Level of residence hall damage
- Number of police reports - fighting, noise
- Number of people contributing time, money
- Number of people requesting further information

Subjective
(Qualitative)

- Structured interviews (RAs, RDs)
- Survey - students, administration, faculty, and staff (program perceptions and awareness)
- Program visibility
- Results of staff training
- Cooperation with community service providers
- Interventions for students with alcohol- and other drug-related problems

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Chapter XIII ▪ Early Intervention And Disciplinary Procedures

1 Elizabeth Yarris, Ph.D., and Ross Rapaport, Ph.D., *Intervention - Help for the Problem Drinker*, 1988.

2 New York State Division of Alcoholism and Alcohol Abuse, *1992 Draft Update to the Five-Year Comprehensive Plan for Alcoholism Services in New York State*, 1992.

3 See No. 2 above.

Chapter XV ▪ Program Evaluation

1 David S. Anderson, Ph.D., *Evaluation Matrix Sample*, Campus Alcohol Consultants, Washington, DC, 1986.

ADDITIONAL SOURCES OF INFORMATION

Regional College Alcohol Consortia Project

To assist campuses in finding the budget and expertise to effectively expand their alcohol prevention programs, the former New York State Division of Alcoholism and Alcohol Abuse initiated the Regional College Alcohol Consortia Project, the first such statewide initiative in the country to confront the alcohol-related problems faced by today's colleges and universities.

Regional College Alcohol Consortia are groups of representatives from local colleges and universities, councils on alcoholism, and other service providers, located regionally throughout New York State. Networking through the consortia groups is proving an effective way to building better working relationships between colleges and community providers.

The goal of the Regional College Alcohol Consortia Project is to facilitate campuses in developing and implementing comprehensive alcohol prevention and early intervention programs, as outlined in this manual. To accomplish this goal three objectives must be met.

- All consortia members must obtain a working knowledge of and sensitivity to the diversity of roles, functions, services, concerns, and philosophies of the three groups represented.
- Each Regional College Alcohol Consortium must identify specific campus alcohol concerns through regularly scheduled consortium meetings.
- Strengthen county and regional networking among campuses, local councils on alcoholism, and other service providers.

Once established, consortia members work together to strengthen and improve campus alcohol programming on a regional basis, with strong ties to their local community resources.

Recently, the NYS OASAS expanded the consortia project by developing a Statewide College Consortia Steering Committee, which consists of representatives from each regional consortium. Meeting regularly enables the steering committee to narrow regional gaps among the various consortia groups and ensures a more consistent and dedicated effort in providing effective college alcohol prevention and intervention programs throughout New York State.

For more information about the college consortium in your region, contact NYS OASAS College Program, 194 Washington Avenue, Albany, NY 12210, (518) 473-3231.

Network of Colleges & Universities Committed to the Elimination of Drug & Alcohol Abuse

The Network has developed a set of standards which provide an outline of activities around which a campus-wide effort may develop. Colleges and universities may become members of the Network by stating that they are attempting to meet these standards. Specific initiatives and activities are incorporated within the four areas of Policy, Education, Enforcement, and Assessment.

For more information, contact: Network Coordinator, Office of Educational Research and Improvement, US Department of Education, 444 New Jersey Avenue, NW, Washington, DC 20208-5644.

Films & Videotapes

With an inventory of over 400 titles, the New York State Office of Alcoholism and Substance Abuse Services Film & Video Library offers some of the best films and videos currently available. Our extensive collection has numerous award-winning, thought-provoking presentations that provide the latest information about alcohol and other drugs. There is a minimum charge of $85.00, entitling borrowers to use ten films over a 12-month period; there are higher fees for more frequent borrowers. A special rate of $10.00 is available for single viewings and special presentations. All fees are payable in advance.

For more information, contact NYS OASAS Film & Video Library, 194 Washington Avenue, Albany, NY, 12210, (518) 432-8281 or (518) 432-8282.

Information & Referral

Local councils on alcoholism and other drug addictions are voluntary, nonprofit organizations supported by a variety of sources including private gifts, contributions, grants, and contracts, as well as local United Ways. The councils provide a variety of programs and services which include public education, information and referral, speakers bureaus, and other special programs. Many councils provide programs aimed at early intervention including Drinking Driver Programs (DDPs), Employee Assistance Programs (EAPs), Student Assistance Programs (SAPs), and family-based intervention. Councils also may sponsor certified treatment and rehabilitation services for alcoholic persons and their families.

For the name of the local council on alcoholism nearest you, call the OASAS Alcohol Prevention Unit at (518) 473-3231.

Research

The Research Institute on Addictions (RIA), located in Buffalo, NY, is a component of the New York State Office of Alcoholism and Substance Abuse Services. The RIA was established in 1970 with a mission to address all aspects of alcoholism by conducting studies related to the use and abuse of alcohol, and investigations of the etiology, course, treatment, and prevention of alcoholism and alcohol abuse. Research undertaken at the RIA has contributed to significant advances in knowledge about the epidemiology of adolescent, college student, and adult alcohol use; fetal alcohol effects in humans; relationships between aging and the actions of alcohol; and factors influencing treatment outcome. For more information, contact the RIA at (716) 887-2566.

Additional information about alcohol and other drugs, including brochures, bibliographies, and reading lists is available free or at low cost from the following organizations.

AA General Service Office
Box 459
Grand Central Station
New York, NY 10163
(212) 870-3400

Al-Anon Family Group Headquarters, Inc.
PO Box 862, Midtown Station
New York, NY 10018-0862
(800) 356-9996

Children of Alcoholics Foundation, Inc.
PO Box 4185
Grand Central Station
New York, NY 10163-4185
(800) 359-COAF

Institute on Black Chemical Abuse
2616 Nicollet Avenue South
Minneapolis, MN 55408
(612) 871-7878

Multicultural Training Resource Center
1540 Market Street, Suite 320
San Francisco, CA 94102
(415) 861-2142

National Association for
Children of Alcoholics (NACoA)
11426 Rockville Pike, Suite 100
Rockville, MD 20852
(301) 468-0985

National Association for Native
American Children of Alcoholics
1402 Third Avenue, Suite 1110
Seattle, WA 98101
(206) 467-7686

National Black Alcoholism Council
1629 K Street, NW, Suite 802
Washington, DC 20006
(202) 296-2696

National Clearinghouse for Alcohol
and Drug Information (NCADI)
PO Box 2345
Rockville, MD 20847-5234
(301) 468-2600 or (800) SAY-NO-TO

National Cocaine Hotline
PO Box 100
Summit, NJ 07902-0100
(800) 262-2463

National Council on Alcoholism and
Drug Dependence, Inc. (NCADD)
12 West 21st Street
New York, NY 10010
(212) 206-6770 or (800) NCA-CALL

National Institute on Drug Abuse
5600 Fishers Lane
Rockville, MD 20857
(800) 662-HELP

Rutgers Center of Alcohol Studies
Smithers Hall, Busch Campus
Piscataway, NJ 08855-0969
(908) 932-4442

Appendix 1 ■ FINDING PREVENTION PROGRAMMING $$$

Each of the sources listed below is involved in compiling and distributing information about grant or contract funds. The job of seeking funds is one usually carried out by your institutional grants and contracts office and your development office.

ARIS Funding Reports
Academic Research Info. System, Inc.
2940 16th Street, Suite 314
San Francisco, CA 94103
(415) 558-8133

Catalog of Federal Domestic Assistance
Superintendent of Documents
US Government Printing Office
Washington, DC 20402
(202) 783-3238

The Chronicle of Philanthropy
1255 23rd Street NW, Suite 775
Washington, DC 20037
(202) 466-1200

Commerce Business Daily
Superintendent of Documents
US Government Printing Office
Washington, DC 20402
(202) 783-3238

Federal Grants and Contracts Weekly/
Health Grants and Contracts Weekly
Capitol Publications, Inc.
1101 King Street, Suite 444
Alexandria, VA 22314
(703) 683-4100

Federal Grants Management Handbook
Grants Management Advisory Service
Thompson Publishing Group
1725 K Street NW, Suite 200
Washington, DC 20006
(202) 872-4000

The Federal Register
Superintendent of Documents
US Government Printing Office
Washington, DC 20402
(202) 783-3238

The Foundation Center
79 Fifth Avenue
New York, NY 10003-3076
(212) 620-4230

Council on Foundations, Inc.
1828 L Street NW
Washington, DC 20036
(202) 466-6512

The Grantsmanship Center
PO Box 17220
Los Angeles, CA 90017
(213) 482-9860

Local/State Funding Report
Government Information Services
4301 North Fairfax Drive, Suite 875
Arlington, VA 22203
(703) 528-1000

New York State Contract Reporter
New York State Department
of Economic Development
99 Washington Avenue
Albany, NY 12245
(518) 486-4141

Oryx Press
4041 North Central Avenue, Suite 700
Phoenix, AZ 85012-3397
(602) 265-2651

The New York State Library system is part of The Foundation Center's Cooperating Collections Network, and has many of the Center's foundation and fundraising directories available for reference. For more information, contact your local public library.

Finding financial and service support for substance abuse prevention programming can be challenging. Along with federal, state, and local grants, money and volunteers may be available from campus and community groups. The more comprehensive your programming efforts, the more sources into which you can tap. The list below contains just some of the sources on- and off-campus that may assist you with your programming efforts.

- College Funds
- Private Foundation Money
- Local Councils on Alcoholism and Other Human Services Providers
- Law Enforcement Agencies
- Voluntary Agencies
- Student Government and Organizations
- Private Business - Advertising, speakers, donations, door prizes, coupons, consultation
- Doctors and Lawyers
- A "Patrons" Program
- Service Clubs - Lions, Kiwanis, Jaycees
- Designated Funds Given to College - Board of Trustees, development office, alumni, parent organizations, academic departments
- Student Groups - Fundraising, contributions
- Campus Health Services staff - Films, slides, booths
- Library Resources - Film budget, interlibrary loan
- Media - Airtime, space, editorials, news features, public service announcements, advertising councils, billboards

List adapted from *Campus Drug And Alcohol Prevention Resource Book*, David S. Anderson, Ph.D. and Robert J. Toft, Ph.D., Campus Alcohol Consultations, Washington, DC 20035, 1988.

Appendix 2 ▪ EMPLOYEE ASSISTANCE PROGRAMS

At least one in every ten persons in the work force is affected by alcoholism and other drug abuse according to the Washington-based Bureau of National Affairs.

It has been estimated that alcohol abuse and dependence will cost the United States up to $150 billion in 1995.(1) In New York State, the estimated cost is between $3-5 billion annually just in terms of productivity and other work-related losses.(2)

Employees with alcohol or other drug problems, or who have family members with these problems, have a major impact on productivity, staff morale, profits, and labor-management relations. Their hidden illness is often responsible for:

- Declining Performance: poor concentration; confusion in following directions; noticeable change in the quality of work; inability to meet deadlines; errors in judgment affecting the health and safety of others.
- Increased Costs: five times the average sick and accident benefits; higher job turnover, replacement, and training costs; greater compensation and health insurance payments; three to five times more on-the-job accidents.
- Absenteeism and Tardiness: double the normal absence rate; repeatedly being late for work and often leaving early; extended lunch hours; frequent illness both on and off the job.
- Damaged Relationships: emotional outbursts; overreaction to criticism; mood swings; complaints from coworkers, associates, and the public, often leading to damaged relations with customers and the public.

Regardless of campus size, all this adds up to a loss of productivity and unmanageable personnel problems. If allowed to continue, valuable, trained, and loyal employees continue to decline, often lose their jobs, and may even lose their lives.

College administrators have a legitimate concern about the ability of faculty and staff to perform their jobs. If alcohol or other drugs interfere with that ability, you can intervene as part of your rightful concern about the performance, productivity, and health of your employees or union members.

Varied approaches are being tried to prevent and combat alcohol and other drugs in the workplace. Each response differs in terms of cost and effectiveness. By far, the least effective and most expensive response is either to ignore the problem or fire the employee.

The way to ensure success is to develop an EAP - Employee Assistance Program. EAPs are cost-effective, confidential early intervention systems that help employees whose alcohol, other drug dependencies, or other serious personal problems, interfere with their ability to function effectively on the job. EAPs furnish a sensible path to follow in constructively dealing with a seriously troubled employee.

Implementing an effective EAP is neither complicated nor expensive. New York State already has a network of EAP service providers and consultants located in communities throughout the state to assist colleges and universities, companies, and unions. For more information on EAPs and local providers who can help you deal with alcohol and other drug problems on the job, contact the EAP Consultant of the New York State Office of Alcoholism and Substance Abuse Services nearest you:

NYS OASAS
Workplace and Institutional
Intervention Services
194 Washington Avenue
Albany, NY 12210
Phone: (518) 474-6422

NYS OASAS
Downstate EAP Consultant
270 Broadway, Room 410
New York, NY 10007
Phone: (212) 417-4943

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1 National Institute on Alcohol Abuse and Alcoholism, Seventh Special Report to the US Congress on Alcohol and Health, US Department of Health and Human Services, DHHS Publication 90-1656, 1990.

2 New York State Office of Alcoholism and Substance Abuse Services, Workplace and Institutional Intervention Services.

Appendix 3 ■ NEEDS ASSESSMENT SURVEY

Attitudes Towards Alcohol and Drinking Behavior

Part I - Information About Drinking

1. How often do you drink alcoholic beverages in a typical week? ____

2. How old were you when you first began drinking alcohol? ____

3. Has the college experience increased
your personal use of alcoholic beverages? Yes ____ No ____

4. How many of your friends drink alcoholic beverages?

Almost none ____ About 50% ____
About 25% ____ Almost all ____

5. Do you believe that drinking is a serious problem for people at (**name of college**)?

No. ____
Yes, but the college should not be involved. ____
Yes, and the college should control the use of alcohol. ____
Yes, and the college should provide an educational program. ____

6. Do you believe that the college should require those who have been convicted of disciplinary offenses under the influence of alcohol to seek help for their drinking? Yes ____ No ____

7. How often does someone's drinking interfere with your studies, sleep, work, or other things you have wanted to do? Frequently ____ Sometimes ____ Never ____

8. To what degree does the behavior in question 7 bother you?
Quite a lot ____ A Little ____ Not at all ____

1. Rank these alcoholic beverages in the order of frequency of use. Use 1 for most frequently consumed and 4 for the least frequently consumed.

   Beer _____
   Wine _____
   Mixed Drinks _____
   Straight Liquor _____

2. On the average, how many times a month do you attend parties where alcoholic beverages are served? _____

3. If you drink, how many glasses of beer, wine, mixed drinks, or shots of liquor do you usually drink? _____

4. Have you ever worried that you might become dependent on alcoholic beverages? Yes _____ No _____

5. Have you ever worried about the consequences of drinking? Yes _____ No _____

6. Have you ever consumed alcohol in conjunction with another drug? Yes _____ No _____

7. Have you ever regretted any actions resulting from drinking? Yes _____ No _____

8. How often do you find yourself in situations where you are encouraged to drink more than you would like to? Frequently _____ Sometimes _____ Never _____

9. In your opinion, what percentage of the students at **(name of college)** drink too much? _____ %

10. People have many reasons for drinking. Check as many of the following reasons as they apply to you.

    To avoid studying _____
    To get high _____
    To reduce fatigue _____
    To be sociable _____
    To ease physical pain _____
    To forget problems _____
    To get along better on dates _____
    To get drunk _____
    To improve sex life _____
    To release aggression _____

Part II #10 (cont.)

To ease emotional pain ____
To enjoy the taste ____
To reduce shyness ____
To feel good ____
To help sleep ____
To help cope with job ____

To celebrate an occasion ____
To ease inhibitions ____
To satisfy thirst ____
To relax me ____
To join with friends ____
Other (please specify) ____________

11. People occasionally have problems with alcohol. Check the alcohol-related behaviors that you have experienced or engaged in during the past year.

Had a hangover ____
Vomited ____
Got into an argument ____
Got into a physical fight ____
Blacked out ____
Got involved in casual sexual activity ____
Drove a car knowing I drank too much ____

Lost a job ____
Cut a class ____
Received a lower grade in a class ____
Was involved in a car crash ____
Damaged property, pulled fire alarm, etc. ____
Got into trouble with the law ____
Went to class (or work) after several drinks ____

12. Rank each of the following places where you drink alcoholic beverages in terms of frequency. (1 = most frequent drinking place, 6 = least frequent drinking place)

Residence hall, apartment, or home ____
Noncollege social functions ____
College-sponsored functions ____

College pub ____
Local bars ____
Office or job location ____

13. How much do you spend on alcoholic beverages in an average week? $ ____

Part III - Information About You

1. What is your sex? Male ____ Female ____

2. What is your age?

17-18 ____
19-21 ____
22-24 ____

25-35 ____
36-50 ____
Over 50 ____

3. If you are a student, check one. Undergraduate _____ Graduate _____

If you are an employee, check one.

Administrator _____
Faculty _____
Other _______________________________
Clerical Staff _____
Maintenance _____

4. Where do you live?

Fraternity or sorority house _____
Off-campus apartment _____
At home with parents or guardian _____
Residence Hall _____
My own home _____
Other (please specify) ____________

Part IV - Policies and Regulations

1. What do you consider to be a reasonable number of alcoholic beverages per person at a social function? _____

2. Are you aware of the alcohol policy at (**name of college**)? Yes _____ No _____

   If Yes, do you believe it is reasonable? Yes _____ No _____
   Why or why not? ____

3. The New York State Legislature amended the law raising the minimum age for sale, purchase, and distribution of alcoholic beverages to 21, effective December 1, 1985. If most of our students are legally minors, how do you feel alcohol use should be handled on campus? Please provide comments below. Attach additional paper if necessary.

Appendix 4 ■ PRE-POST ALCOHOL AND OTHER DRUG KNOWLEDGE TEST

	TRUE	FALSE
1. Alcohol is a drug.	____	____
2. Everyone's body reacts the same way to the same amount of alcohol.	____	____
3. A person can die of alcohol poisoning.	____	____
4. Drunkenness and alcoholism are the same thing.	____	____
5. Alcoholism is a disease.	____	____
6. Alcoholic people can be helped.	____	____
7. Certain symptoms warn people that their drinking may be leading to alcoholism.	____	____
8. Every drink of alcohol affects the brain.	____	____
9. Beer drinkers never develop alcoholism.	____	____
10. Most alcoholic people are homeless.	____	____
11. Each alcoholic person has a different drinking pattern.	____	____
12. Anyone can develop alcoholism.	____	____
13. Young people are never alcoholic.	____	____
14. "Passing out" and "blacking out" are the same thing.	____	____
15. Alcohol is a stimulant.	____	____
16. Drinking coffee, taking a cold shower, or exercising vigorously can help "sober up" a person who has had too much alcohol.	____	____

	TRUE	FALSE
17. The term "enabling," as used in the alcoholism field, refers to the process of helping people to recover.	____	____
18. Two signs of "early stage" alcoholism are blackouts and increased tolerance.	____	____
19. Marijuana contains more cancer-producing elements than tobacco cigarettes.	____	____
20. Small amounts of marijuana do not adversely affect driving performance.	____	____
21. Cocaine is a stimulant.	____	____
22. Physical symptoms of cocaine use include faster heartbeat and breathing, and a rise in body temperature.	____	____
23.Crack use will cause your heart and respiration rates to decrease.	____	____
24. Continued crack use causes depression, paranoia, and irritability.	____	____

(Answers: 1-T, 2-F, 3-T, 4-F, 5-T, 6-T, 7-T, 8-T, 9-F, 10-F, 11-T, 12-T, 13-F, 14-F, 15-F, 16-F, 17-F, 18-T, 19-T, 20-F, 21-T, 22-T, 23-F, 24-T)

Appendix 5 ■ ALCOHOL-RELATED LAWS

NOTE: This appendix contains only certain subsections of these laws.

Alcohol Beverage Control Law

Section 65. Prohibited sales.

No person shall sell, deliver, or give away or cause or permit or procure to be sold, delivered, or given away any alcoholic beverages to:

1. Any person, actually or apparently, under the age of twenty-one years;
2. Any visibly intoxicated person; or
3. Any habitual drunkard known to be such to the person authorized to dispense any alcoholic beverages.

Neither such person so refusing to sell or deliver under this section nor his employer shall be liable in any civil or criminal action or for any fine or penalty based upon such refusal, except that such sale or delivery shall not be refused, withheld from, or denied to any person on account of race, creed, color, or national origin. In any proceeding pursuant to subdivision one of this section, it shall be an affirmative defense that such person had produced a photographic identification card apparently issued by a governmental entity or institution of higher education and that the alcoholic beverage had been sold, delivered, or given to such person in reasonable reliance upon such identification. In evaluating the applicability of such affirmative defense, the authority shall take into consideration any written policy adopted and implemented by the seller to carry out the provision of paragraph (b) of section 65-b of this article (offense for one under the age of 21 to purchase or attempt to purchase alcohol through fraudulent means).

Section 65-a. Procuring alcoholic beverages for persons under the age of twenty-one years.

Any person who misrepresents the age of a person under the age of twenty-one years for the purpose of inducing the sale of any alcoholic beverage, as defined in the alcoholic beverage control law, to such person, is guilty of an offense and upon conviction thereof shall be punished by a fine of not more than two hundred dollars, or by imprisonment for not more than five days, or by both such fine and imprisonment.

Section 65-b. Offense for one under age of twenty-one years to purchase or attempt to purchase an alcoholic beverage through fraudulent means. [Effective September 1, 1967, amended by L 1991, Chapter 97]

1a. No person under the age of twenty-one years shall present or offer to any licensee under this chapter, or to the agent or employee of such licensee, any written evidence of age which is false, fraudulent, or not actually his own, for the purpose of purchasing or attempting to purchase any alcoholic beverage.

1b. No licensee, or agent or employee of such licensee shall accept as written evidence of age by any such person for the purchase of any alcoholic beverage, any documentation other than: (i) a valid driver's license or nondriver identification card issued by the Commissioner of Motor Vehicles, the federal government, any United States territory, commonwealth, or possession, the District of Columbia, a state government within the United States, or a provincial government of the dominion of Canada, or (ii) a valid passport issued by the United States government or any other country, or (iii) an identification card issued by the armed forces of the United States.

1c. A person violating the provisions of this subdivision is guilty of a violation punishable by a fine of not more than one hundred dollars, and/or an appropriate amount of community service not to exceed thirty hours, and/or completion of an alcohol awareness program established pursuant to subdivision (a) of section 19.07 of the mental hygiene law.

2. No such determination shall operate as a disqualification of any such person subsequently to hold public office, public employment, or as a forfeiture of any right or privilege or to receive any license granted by public authority; and no such person shall be denominated a criminal by reason of such determination.

3. In addition to the penalties otherwise provided in subdivision one of this section, if a determination is made sustaining a charge of illegally purchasing or attempting to illegally purchase an alcoholic beverage, the court may suspend such person's license to drive a motor vehicle for ninety days if it is found that it was a New York State driver's license which was the written evidence of age used for the purpose of such illegal purchase or attempt to illegally purchase. Such person may thereafter apply for and be issued a restricted use license in accordance with the provisions of section five hundred thirty of the vehicle and traffic law.

Section 65-c. Unlawful possession of an alcoholic beverage with the intent to consume by persons under the age of twenty-one years. [Effective January 1, 1990. See, also, section 65-c above.]

1. Except as hereinafter provided, no person under the age of twenty-one years shall possess any alcoholic beverage, as defined in this chapter, with the intent to consume such beverage.

2. A person under the age of twenty-one years may possess any alcoholic beverage with intent to consume if the alcoholic beverage is given:

   a. to a person who is a student in a curriculum licensed or registered by the state education department and the student is required to taste or imbibe alcoholic beverages in courses which are a part of the required curriculum, provided such alcoholic beverages are used only for instructional purposes during class conducted pursuant to such curriculum; or

   b. to the person under twenty-one years of age by that person's parent or guardian.

3. Any person who unlawfully possesses an alcoholic beverage with intent to consume may be summoned before and examined by a court having jurisdiction of that charge; provided, however, that nothing contained herein shall authorize, or be construed to authorize, a peace officer as defined in subdivision thirty-three of section 1.20 of the criminal procedure law or a police officer as defined in subdivision thirty-four of section 1.20 of such law to arrest a person who unlawfully possesses an alcoholic beverage with intent to consume. If a determination is made sustaining such charge the court may impose a fine not exceeding fifty dollars, and/or completion of an alcohol awareness program established pursuant to paragraph six-a of subdivision (a) of section 19.07 of the mental hygiene law.

4. No such determination shall operate as a disqualification of any such person subsequently to hold public office, public employment, or as a forfeiture of any right or privilege or to receive any license granted by public authority; and no such person shall be denominated a criminal by reason of such determination, nor shall such determination be deemed a conviction.

5. Whenever a peace officer as defined in subdivision thirty-three of section 1.20 of the criminal procedure law or police officer as defined in subdivision thirty-four of section 1.20 of the criminal procedure law shall observe a person under twenty-one years of age openly in possession of an alcoholic beverage as defined in this chapter, with the intent to consume such beverage in violation of this section, said officer may seize the beverage, and shall deliver it to the custody of his or her department.

6. Any alcoholic beverage seized in violation of this section is hereby declared a nuisance. The official to whom the beverage has been delivered shall, no earlier than three days following the return date for initial appearance on the summons, dispose of or destroy the alcoholic beverage seized or cause it to be disposed of or destroyed. Any person claiming ownership of an alcoholic beverage seized under this section may, on the initial return date of the summons or earlier on five days notice to the official or department in possession of the beverage, apply to the court for an order preventing the destruction or disposal of the alcoholic beverage seized and ordering the return of that beverage. The court may order the beverage returned if it is determined that return of the beverage would be in the interest of justice or that the beverage was improperly seized.

General Obligations Law

Section 11-100. Compensation for injury or damage caused by the intoxication of a person under the age of twenty-one years.

1. Any person who shall be injured in person, property, means of support, or otherwise, by reason of the intoxication or impairment of ability of any person under the age of twenty-one years, whether resulting in his death or not, shall have a right of action to recover actual damages against any person who knowingly causes such intoxication or impairment of ability by unlawfully furnishing to or unlawfully assisting in procuring

alcoholic beverages for such person with knowledge or reasonable cause to believe that such person was under the age of twenty-one years.

2. In case of the death of either party, the action or right of action established by the provision of this section shall survive to or against his or her executor or administrator, and the amount so recovered by either a husband, wife, or child shall be his or her sole and separate property.

3. Such action may be brought in any court of competent jurisdiction.

4. In any case where parents shall be entitled to such damages, either of such parents may bring an action therefor; but that recovery by either one of such parties shall constitute a bar to suit brought by the other.

Section 11-101. Compensation for injury caused by the illegal sale of intoxicating liquor.

1. Any person who shall be injured in person, property, means of support, or otherwise, by any intoxicated person, or by reason of the intoxication of any person, whether resulting in his death or not, shall have a right of action against any person who shall, by unlawful selling to or unlawfully assisting in procuring liquor for such intoxicated person, have caused or contributed to such intoxication; and in any such action such person shall have a right to recover actual and exemplary damages.

2. In case of the death of either party, the action or right of action given by this section shall survive to or against his or her executor or administrator, and the amount so recovered by either a husband, wife, or child shall be his or her sole and separate property.

3. Such action may be brought in any court of competent jurisdiction.

4. In any case where parents shall be entitled to such damages, either the father or mother may sue alone therefor, but recovery by one of such parties shall be a bar to suit brought by the other.

Penal Law

Section 260-20. Unlawfully dealing with a child in the first degree.

A person is guilty of unlawfully dealing with a child in the first degree when:

1. He knowingly permits a child less than eighteen years old to enter or remain in or upon a place, premises, or establishment where sexual activity as defined by article one hundred thirty, two hundred thirty, or two hundred sixty three of this chapter or activity involving controlled substances as defined by article two hundred twenty of this chapter or involving marijuana as defined by article two hundred twenty-one of this chapter is maintained or conducted, and he knows or has reason to know that such activity is being maintained or conducted; or

2. He gives or sells or causes to be given or sold any alcoholic beverage, as defined by section three of the alcoholic beverage control law, to a person less than twenty-one years old; except that this subdivision does not apply to the parent or guardian of such a person or to a person who gives or causes to be given any such alcoholic beverage to a person under the age of twenty-one years, who is a student in a curriculum licensed or registered by the state education department, where the tasting or imbibing of alcoholic beverages is required in courses that are part of the required curriculum, provided such alcoholic beverages are given only for instructional purposes during classes conducted pursuant to such curriculum.

It is no defense to a prosecution pursuant to subdivision two of this section that the child acted as the agent or representative of another person or that the defendant dealt with the child as such.

Unlawfully dealing with a child in the first degree is a class A misdemeanor.

Section 260-21. Unlawfully dealing with a child in the second degree.

A person is guilty of unlawfully dealing with a child in the second degree when:

1. Being an owner, lessee, manager, or employee of a public dance hall, public pool or billiard room, public bowling alley, theatre, motion picture theatre, skating rink, or of a place where alcoholic beverages are sold or given away, he permits a child less than sixteen years old to enter or remain in such place unless:
   a. The child is accompanied by his parent, guardian, or an adult authorized by a parent or guardian; or
   b. The entertainment or activity is being conducted for the benefit or under the auspices of a nonprofit school, church, or other educational or religious institution; or
   c. Otherwise permitted by law to do so; or
   d. The establishment is closed to the public for a specified period of time to conduct an activity or entertainment, during which the child is in or remains in such establishment, and no alcoholic beverages are sold, served, given away, or consumed at such establishment during such period. The state liquor authority shall be notified in writing by the licensee of such establishment, of the intended closing of such establishment, to conduct any such activity or entertainment, not less than thirty days prior to any such closing; or
2. He marks the body of a child less than eighteen years old with indelible ink or pigments by means of tattooing; or
3. He sells or causes to be sold tobacco in any form to a child less than eighteen years old.

It is no defense to a prosecution pursuant to subdivision three of this section that the child acted as the agent or representative of another person or that the defendant dealt with the child as such.

Unlawfully dealing with a child in the second degree is a class B misdemeanor.

Mental Hygiene Law

Section 19.25. Alcohol Awareness Program.

a. The Office shall establish an alcohol awareness program within the Office which shall focus upon, but not be limited to, the health effects and social costs of alcoholism and alcohol abuse.

b. The form, content, and method of presentation of various aspects of such program shall be developed by the Commissioner, provided that such program shall not exceed two hours per week over a period not to exceed eight weeks.

c. The Commissioner shall establish a schedule of fees to be paid by each participant and may, from time to time, modify same. Such fees may be waived, reduced, or otherwise adjusted by the court upon application for resentence in accordance with the provisions of paragraph (a) of subdivision five of section 420.10 of the criminal procedure law. For the purposes of this section the term "fee" shall also mean "payment" as referred to in paragraph (a) of subdivision five of section 420.10 of the criminal procedure law. Such fees shall not exceed amounts necessary to pay the ongoing expenses of the program. Provided, however, that pursuant to an agreement with the Office, a municipality, a department, or part thereof, or other not-for-profit corporation may conduct such a course in such program with all or part of the expense of such course being borne by such municipality, department, or part thereof, or other not-for-profit corporation. Ten percent of all fees received for such courses shall be paid to the Office for administrative costs of program implementation.

d. A certificate of completion shall be sent to the court by the Office upon completion of the program by all participants.

e. The Commissioner shall, on or before September first, nineteen hundred ninety-two and on or before each September first thereafter, submit to the governor and the legislature a report on the operation and accomplishments of the program.

Appendix 6A ▪ CONFRONTATION GUIDELINES

Conditions That Help The Confronter

- Care about the person.
- Be well-informed.
- Develop support.
- Be confident.
- Be open to further involvement with the person.
- Be nonjudgmental.
- Be consistent.
- Be positive.
- Be a clear communicator.

When confronting you should:

1. Be simple and direct, proceed openly and smoothly. Rushed interpersonal encounters of any type usually are not conducive to increased awareness.

2. Know facts regarding the behavior you are confronting.

    - What conditions surround the observed behavior?
    - What relationship do you have with the person you are confronting?
    - How does that person see you?

3. Be specific and clear in your confrontation. This is essential when considering the impact of an individual behavioral confrontation in this and future confrontations.

4. Confront behavior, not values. Selling your values as the appropriate way to behave probably will not work. Specify what behaviors are causing others a problem, such as damage, rowdiness, messiness, etc. Specify the behaviors you observe that **may** be causing the person a problem, such as personal isolation, disciplinary action, etc.

5. At every available opportunity, communicate your interest in the person and ask him/her clarifying questions.

    - How do you view your current behavior?
    - Why are you acting this way?

6. Show your feelings about the confrontation. If you are angry, check to see if your anger is directed at the behavior or the person. Communicate the distinction to the person. Identify feelings as feelings, rumors as rumors, and facts as facts.

7. Focus on the person's strengths but do not engage in an on-the-spot counseling session or personality build-up period.

8. Confront behavior in a positive and constructive manner. Show the individual you are concerned with the positive elements of living together. Collective responsibility is such an element and includes consideration of others.

9. Make the confrontation objective about the specific observed behavior and subjective about your interest in the person.

10. End the confrontation with an open invitation to talk.

11. Education, practice, and staff development all contribute to the effectiveness of the confronter.

Appendix 6B ■ DOCUMENTATION FORM

Date of Incident ____________________ Time of Incident _____ AM _____ PM

Location ____

Person Submitting Report ______________________________

Address ______________________________ Phone No. ____________

Persons Involved

	Name	ID #	Address	Phone #
1.				
2.				
3.				
4.				
5.				

Specific Details of Incident

____

____

____

____

____

____

Alcohol-Related Behaviors (any abnormal behaviors: slurring of words, loud voice, staggering, lack of control of body parts, smell on breath, etc.)

____

____

____

Result of Warning

____

____

I have reviewed and understand the contents of this Documentation Form.

Student's Signature ______________________ Date ____________

Staff Signature ______________________ Date ____________

NOTE: This documentation form was taken from State University College at Cortland.

Appendix 7 ■ ALCOHOL EDUCATION PROGRAM

NOTE: Appendices 7A-7I are documents from the University of Maryland Alcohol Education Program, College Park, Maryland.

7A ■ PROGRAM GUIDELINES

The Judicial Programs Office and the Health Center jointly offer an Alcohol Education Program that is your alternative to further University disciplinary action. In order for the program to be beneficial to you, and in order to avoid further disciplinary action, you should make your first appointment at the Health Center as soon as possible. Failure to make and keep appointments will be regarded as an indication of your unwillingness to participate in the Alcohol Education Program. Your case will then be referred back to the Judicial Programs Office.

In order to satisfactorily complete the program you must:

1. Schedule an initial evaluation appointment with ______________________________
(name)
Alcohol Program Coordinator, ______________________________
(where) (phone number)

2. Participate in the alcohol education/counseling sessions which will be outlined during the initial appointment.

The Judicial Programs Office will be notified upon successful completion of the program.

Confidentiality is strictly enforced.

7B ■ MEMORANDUM

TO: ______________________________
Director, Judicial Program

FROM: ______________________________
Coordinator, Alcohol Program

SUBJECT: Alcohol Program Student Progress: Interim Report

This is to inform you that __________________________ is enrolled in the Alcohol Education/Counseling Program.

Further notification regarding completion will be sent to you within four months.

7C ■ ALCOHOL PROGRAM CONTRACT

During the next _______ weeks, I agree to work on the following:

I have discussed the above-named objectives for the change of my behavior and I consent to work toward the achievement of these objectives.

____
Date

____
Your Name

____
Staff Member

7D ▪ ALCOHOL EDUCATION GROUP GUIDELINES

For successful completion of the Alcohol Education Program, you will be expected to follow these guidelines:

1. Attendance is mandatory.
2. Absence is allowed only by medical excuse. Only one such absence will be accepted. A second absence necessitates reenrollment in a later group. (One chance only.)
3. Punctuality is expected at each of the six sessions.
4. Sessions are drug-free. Please don't come under the influence.
5. Smoking is prohibited during the sessions.
6. Completion of weekly assignments and participation in the group process is expected.

7E ■ ALCOHOL EDUCATION GROUP FORMAT

Week #1 - Introduction

A. Introduce group leaders.

   1. Discuss alcohol program.
   2. Discuss purpose of group, expectations, program contracts, daily logs, and topic areas.

B. Members introduce themselves.

   1. Reason for being here
   2. Amount usually drunk
   3. Amount drunk at time of alcohol incident

C. Show film "Understanding Alcohol Use and Abuse."

D. Reactions to film.

Week #2 - Alcohol and Physiology

A. Discuss log for past week.

   1. How much drunk?
   2. What situation was student in when he/she drank?
   3. Were there problems sticking to the set limit?
   4. Should changes be made in next week's drinking?
   5. Feelings about keeping log and setting up a limit.

B. Myth/Fact quiz and discussion.

C. Show an alcohol and physiology film ("Medical Aspects," if possible).

D. Hand out material on alcohol and the body.

E. Questions and discussion.

Week #3 - Responsible Drinking, Problem Drinking, Alcoholism

A. See Week #2-A.

B. Ask group for definitions of the different drinking patterns or discuss "Why People Drink."

C. With group, arrive at clear definitions for each category.

D. Discuss treatment for alcoholism:

  1. Counseling
  2. Alcoholics Anonymous
  3. Al-Anon for family members
  4. Detoxification centers
  5. Inpatient facilities

E. Discuss various theories on causes of alcoholism.

F. Discussion and questions.

Week #4 - Pressure to Drink

A. See Week #2-A.

B. Show the film "Calling the Shots."

C. Discuss film and the following areas:

  1. Advertising strategies
  2. Environment (e.g., bars and how they promote drinking)
  3. Peer pressure (discuss campus drinking in this area)

Week #5 - Drinking and Driving

A. See Week #2-A.

B. Show film "Until I Get Caught" or "Under The Influence."

C. Discuss film and group reaction.

D. Discuss local laws and punishments.

Week #6 - Wrap Up

A. See Week #2-A.

B. Discuss each member's future plans for drinking.

C. Strategies to ensure this plan.

D. Reactions about group.

7F ▪ DRINKING LOG GUIDELINES

1. Number and kind of drinks consumed - include approximate size of glass.

2. Location - party, bar, friend's house, alone, etc.

3. Companions - Whom were you with?

4. Pressures to drink - Were you aware of any pressure to drink from any other person or source? Was it your idea to drink?

5. Reasons for drinking - Were you aware of a particular reason or motivation?

6. Limit - How aware were you of sticking to the agreed-upon limit? Did this affect your ability to have a good time?

7G ■ MEMORANDUM

TO: ______________________________
Director, Judicial Programs

FROM: ______________________________
Coordinator, Alcohol Program

SUBJECT: Alcohol Program Student Progress

This is to inform you that ____________________________________:

_____ has been evaluated and has successfully completed the six-week Alcohol Education/Counseling Program.

_____ has been evaluated and has successfully completed the recommended Alcohol Education Program and has been referred to _______________ for continuing treatment. ____________________ will provide further notification of the student's progress.

_____ has successfully completed the recommended educational sessions and has agreed to seek further treatment at __________________________.

_____ has been evaluated and has declined the recommended education, counseling, or treatment sessions.

_____ has failed to make or keep his/her appointments for the Alcohol Education/Counseling Program.

7H ▪ ALCOHOL EDUCATION GROUP EVALUATION

1. My overall rating of the group is:

   1 2 3 4 5 6 7 8 9 10

   Poor and a waste of my time Excellent and very worthwhile

2. The part of the group I liked **best** and why:

3. The part of the group I liked **least** and why:

4. What additional topic areas or experiences do you feel should be included in the group?

5. On a scale of 1-5 (1=poor, 5=excellent), how effective was the group leader in the following areas:

   _____ Knowledge of subject matter

   _____ Responsiveness to group needs

   _____ Energy and vitality

   _____ Communication skills

   _____ Skill at group management

6. Have your drinking habits changed because of the group experience? How?

7. Additional comments or suggestions:

71 ■ SAMPLE MAST QUESTIONS

Reminder: Do Not Administer This Test Without Training

	Score	Positive Answer
1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as other people.)	2	No
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of that evening?	2	Yes
3. Does your wife, husband, a parent, near relative, or friend ever worry or complain about your drinking?	1	Yes
4. Can you stop drinking without a struggle after one or two drinks?	2	No
5. Do you ever feel guilty about your drinking?	1	Yes
6. Do your friends or relatives think you are a normal drinker?	2	No
7. Are you always able to stop drinking when you want to?	2	No
8. Have you ever attended a meeting of Alcoholics Anonymous (AA) for yourself?	5	Yes
9. Have you gotten into fights when drinking?	1	Yes
10. Has drinking ever created problems between you and your wife, husband, a parent, near relative, or friend?	2	Yes
11. Has your wife, husband, a parent, near relative, or friend ever gone to anyone for help about your drinking?	2	Yes

	Score	Positive Answer
12. Have you ever lost friends or girlfriends or boyfriends because of drinking?	2	Yes
13. Have you ever gotten into trouble at work or school because of drinking?	2	Yes
14. Have you ever lost a job because of drinking?	2	Yes
15. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	2	Yes
16. Do you often drink before noon?	1	Yes
17. Have you ever been told you have liver trouble? Cirrhosis?	2	Yes
18. Have you ever had delirium tremens (DTs), severe shaking, heard voices, or seen things that weren't there after heavy drinking?	5	Yes
19. Have you ever gone to anyone for help about your drinking?	5	Yes
20. Have you ever been hospitalized because of drinking?	5	Yes
21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital when drinking was part of the problem?	2	Yes
22. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking has played a part?	2	Yes
23. Have you ever been arrested, even for a few hours, because of drunk behavior?	2	Yes
24. Have you ever been arrested for driving while intoxicated or driving under the influence of alcoholic beverages?	2	Yes

Appendix 8 ■ EDITORIAL GUIDELINES

Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

Because uniformity in terminology is desirable when communicating prevention messages, we encourage our readers to use the following guidelines adopted by CSAP and SAMHSA for their publications. Because prevention is a relatively new science, we expect that this style sheet occasionally will be expanded.

Do Not Use	**Use**
Drunk Driving	Alcohol-Impaired Driving (because a person does not have to be drunk to be impaired)
Liquor (for any alcoholic beverages)	Beer, wine, distilled spirits, or alcoholic beverages
Substance abuse	Alcohol and other drug abuse
Substance use	Alcohol and other drug use
Abuse when sentence refers to youth, teens, or children (anyone under 21)	Use (DHHS aims to prevent the use, not abuse, of alcohol and other drugs by youth)
Drug abuse prevention or alcohol abuse prevention	Except when referring to adults, use "to prevent alcohol and other drug problems"
Hard or soft drugs	Drugs (since all illicit drugs are harmful)
Recreational use of drugs	Use (since no drug use is recreational)
Responsible use	Use (since there is risk associated with all use)
Accidents when referring to alcohol and other drug use	Crashes (since the term "accident" suggests the event could not have been avoided)
Workaholic	Compulsive worker (the term "workaholic" trivializes the alcohol dependence problem)

For more information, call the Center for Substance Abuse Prevention at (301) 443-0373.

Appendix 9 ■ ALCOHOL FACTS: COLLEGE STUDENTS

- **Eighteen percent of NYS college students are heavy drinkers who average two or more drinks per day.** College men have slightly lower rates of heavy drinking than do their noncollege peers (22% vs. 25%). (Alcohol Use)

- **College women have twice the rate of heavy drinking of their noncollege peers (17% vs. 8%).** (Alcohol Use)

- **Seventy-seven percent of the full-time college students in New York City are drinkers in comparison with 88 percent of Upstate New York college students.** Similarly, New York City students have a lower rate of heavy drinking than Upstate New York students (15% vs. 22%). (Alcohol Use)

- **Frequent heavy drinking is a significant problem on college campuses,** with 57.4 percent of male students and 35.5 percent of female students reporting that they have had five or more drinks on at least one occasion in the last two weeks. (AAA)

- **During the past ten years, heavy drinking (defined as five or more drinks in a row) has dropped by 9.2% for high school seniors, by 9.9% for noncollege 19- to 22-year-olds, but by only 2.6% among college students.** (NIDA)

- **Four percent, or nearly one-half million, of all college students drink every day.** (OSAP)

- **The nation's 12 million plus college students consume over 430 million gallons of alcohol per year,** enough to fill an Olympic-sized swimming pool for every college and university in America. (OSAP)

- **Twenty-five percent of NYS college undergraduates have had at least one alcohol-related social problem in the past year.** One-third of all male students and approximately one-fifth of all female students have had at least one or more alcohol problem in the past year. (Alcohol Use)

- **College administrators believe alcohol is a factor in 34 percent of all academic problems and 28 percent of all college dropouts.** Over seven percent of college freshmen drop out for alcohol-related reasons, causing colleges to lose over $261 million in tuition. (Alcohol, Patterns, Faculty)

- **College students spend $5.5 billion annually on all alcoholic beverages,** exceeding the operating costs for running all college and university libraries ($1.7 billion) and all scholarship and fellowship programs ($1.6 billion). (OSAP)

- **A recent study indicates that 40 percent of college students have driven after drinking.** The study also shows the same percentage of students knowingly rode with a driver who had had too much to drink. (Iowa)

- **New York students living in dorms or their own apartments have over twice the rate of heavy drinking of those who live at home (23% vs. 11%).** (Alcohol Use)

- **Approximately 35 percent of all college newspaper advertising revenue comes from alcohol advertisements.** There is 20 times more alcohol advertising in college newspapers than book advertising, and greater than 40 times more alcoholic beverage advertising than soft drink advertising. (OSAP)

- **Eighteen to 24-year-olds represent 16.3 percent of the domestic beer market, 15.1 percent of the light beer market, and 16.7 percent of the imported beer market.** (WSJ)

- **Responding to a national survey about requiring health warnings on alcohol advertising, nearly 70 percent of 18- to 24-year-olds said that such warnings would have an effect on alcohol consumption.** (Gallup)

- **Studies have demonstrated that fraternity members drink greater quantities of alcohol and more frequently than other college students.** (OSAP)

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